

L17000207751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

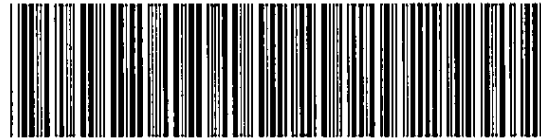
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FARRELL, PATEL, JOMARRON & LOPEZ PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESMANY JOMARRON

Name of Person

FARRELL, PATEL, JOMARRON & LOPEZ PLLC

Firm/Company

4300 BISCAYNE BLVD, STE. 305

Address

MIAMI, FL 33137

City/State and Zip Code

JJOMARRON@JUSTICE360.COM

E-mail address: (to be used for future annual report notification)

DEPT. OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

JESMANY JOMARRON

305

300-3000

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
205 N. Monroe St.
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FARRELL, PATEL, JOMARRON & LOPEZ PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/06/2017 and assigned
Florida document number L17000207751.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FARRELL PATEL JOMARRON LAW PLLC

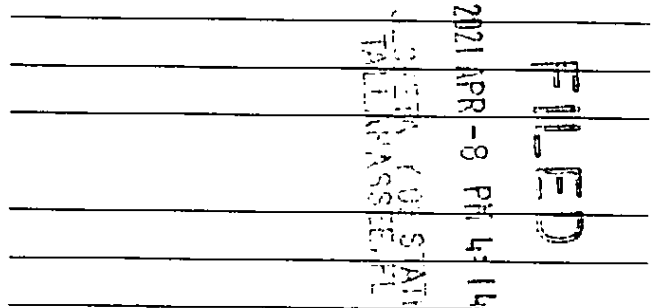
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)



B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOMARRON LAW PLLC

New Registered Office Address:

4300 BISCAYNE BLVD. STE. 305

Enter Florida street address

MIAMI

City

Florida 33137

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOMARRON LOPEZ PLLC	4300 BISCAYNE BLVD. STE. 305	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOMARRON LAW PLLC	4300 BISCAYNE BLVD. STE. 305	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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MIAMI, FL 33137

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THIS IS TO CLARIFY WHAT WE ARE DOING HERE. FARRELL, PATEL, JOMARRON & LOPEZ PLLC
REMOVED A PARTNER--I.E., MARIO E. LOPEZ. AS A RESULT, THE NAME OF THE COMPANY
NEEDS TO BE CHANGED TO FARRELL PATEL JOMARRON LAW PLLC. FURTHER, FPJL'S AMBR
JOMARRON LOPEZ PLLC IS ALSO GOING TO CHANGE ITS NAME FROM JOMARRON LOPEZ PLLC
TO JOMARRON LAW PLLC (SEPARATE PAPERWORK IS SUBMITTED FOR THIS CHANGE TO JL).

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TALLAHASSEE, FL
CLERK OF THE COURT
STATE OF FLORIDA

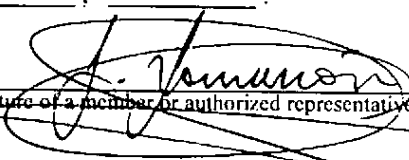
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MARCH 31, 2021



Signature of a member or authorized representative of a member

JESMANY JOMARRON

Typed or printed name of signee