Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H17000320235 3)))



H170003202353ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CONSTRUCTION & ENGINEERING SCHOOL INC.

Account Number : 120170000070

: (305)226-8727

Fax Number

: (305)226-8767

**Enter the email| address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Emmil Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

LNV CABINET DESIGN INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

DEC 0 7 2017

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

		COVER LETTER		
TO: Amendment Section Division of Corporations				
NAME OF CORPORATION	: LNV CABINET D	DESIGN INC		
DOCUMENT NUMBER: PI	2000032198		·	
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.		
Please return all correspondence	e concerning this ma	tter to the following:		
LUCIA	ESTRELLA			
-	<u> </u>	Name of Contact Person	n	
CONST	CONSTRUCTION AND ENGINEERING SCHOOL			
Firm/ Company				
8300 W	8300 WEST FLAGLER ST			
Address				
MIAMI	, FL 33 144			
		City/ State and Zip Cod	e	
RUTHLEDES	MA@BELLSOUTH	I.NET		
Ε-π	rail address: (to be u	sed for future annual report	notification)	
For further information concerning this matter, please call:				
LUCIA ESTRELLA		ar (226-8727	
Name of Contac	t Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, S	Section corporations 7	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301	

Articles of Amendment
to
Articles of Incorporation
of

,	to Articles of Incorporation	
	of	
LNV CABINET DESIGN INC		
(Name	of Corporation as currently filed with the Florida Dept. of S	inte)
P12000032198		_
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 60' its Articles of Incorporation:	7.1006, Florida Statutes, this Florida Profit Corporation adopts t	he following amendment(s)
A. If amending name, enter the new r	same of the corporation:	
		The new
	, if applicable;	
C. Enter new malling address, if app (Mailing address MAY BE A POST		2011 DEC +6
D. If amending the registered agent a new registered agent and/or the n		<u> </u>
	(Florida street address)	
New Registered Office Address	: Flori	da
!	(City)	(Zip Code)
		•
New Registered Agent's Signature, if		
I hereby accept the appointment as régi.	stered agent. I am familiar with and accept the obligations of the	3 position.
'		
	Cinyatura of New Bustern Life and Male	
	Signature of New Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT Johi	n Doe	
X Remove	V Mik	e Jones	
_X Add	SV Sall	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	DIR	PANTALEON, WILLIAM	5433 WEST 22 CT
X Add			MIAMI, FL 33012
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5)Change			
Add			·
Remove			
の Change	-		
Add	 		<u></u>
Remove	ı		

-

<u>-</u>

12/06/2017	16:29	1		(FAX)	P.007/007
The date of eac	ch amendm	 	2/05/2017		, if other than the
date this docum				<u> </u>	, it outer than the
Effective date	if applicabl	12/05/2017			
		·	(no more than 90 days t	aster amendment sile date)	
		in this block does n the Department o		atutory filing requirements, this date w	ill not be listed as the
Adoption of A	mendment(:) (<u>CI</u>	HECK ONE)		
		were adopted by the /were sufficient for		r of votes cast for the amendment(s)	
The amenda	nent(s) was/v arately prov	were approved by the idea of t	he shareholders through voi g group entitled to vote sep	ting groups. The following statement parately on the amendment(s):	
"The n	number of vo	•	sadment(s) was/were suffic	ient for approval	
ъу		(٧٥	<u> </u>	,,,	
		(va	oting group)		
The amendanaction was n		were adopted by the	board of directors without	t shareholder action and shareholder	
☐ The amenda		were adopted by the	incorporators without shall	reholder action and shareholder	
	12/ Dated	05/2017			
	Signature		mez	·	
	digitatare	(By a director, pre-		directors or officers have not been	
			orporator — if in the hands y by that fiduciary)	of a receiver, trustee, or other court	
		LUIS TOP	RES		
		1	(Typed or printed name of	person signing)	
		PRESIDE	NT		
		i	(Title of perso	n signing)	·
		1			