

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : CONSTRUCTION & ENGINEERING SCHOOL INC.
 Account Number : I20170000070
 Phone : (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.

Email Address: _____

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 JAN 27 2021
 TAMPA, FLORIDA

2021 JAN 27 AM 9:36

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 MRL SERVICES & REPAIR,LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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JAN 28 2021
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MRL SERVICES & REPAIR,LLC

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:

LUCIA ESTRELLA

Name of Person
CONSTRUCTION & ENGINEERING SCHOOL

Firm/Company
8300 WEST FLAGLER ST

Address
MIAMI, FL 33144

City/State and Zip Code
RUTHLEDESMA@BELLSOUTH.NET

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

For further information concerning this matter, please call:

LUCIA ESTRELLA at **305** **226-8727**

Name of Person 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
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRL SERVICES & REPAIR,LLC

(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 03/25/2013 and assigned Florida document number L13000044141.

This amendment is submitted to amend the following:

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

MRL SERVICES GROUP LLC

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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

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 Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

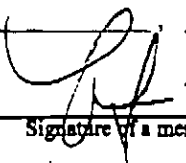
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information, consisting of 15 horizontal lines.

E. Effective date, if other than the date of filing: JANUARY 27, 2021 (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 JANUARY 27 2021


Signature of a member or authorized representative of a member

MARCOS R LEMUS
Typed or printed name of signee