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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CONSTRUCTION & ENGINEERING SCHOOL THO

Account Number : 120170000070 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. ** CO

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONCEPCION ENTERPRISES LLC

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SEP 1 2 2018

P.002/005

COVER LETTER

	egistration Sec ivision of Corp					
our 10.00		CONCEPCION ENTERPRISES LLC				
SUBJECT	ì	Name of Limit	ed Liability Company			
The enclos	ed Articles of A	Amendment and fee(s) are subm	uitted for filing.			
Please retu	m all correspor	ndence 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					
			o be used for future annual report notif	neation)		
For furthe	r information c	oncerning this matter, please ca	M:			
LUCIA E	STRELLA		305 226-8727 at ()			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed	ic a check for ti	ne following amount:				
	0 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 enclused)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT. TO ARTICLES OF ORGANIZATION OF

CONCEPCION ENTERPRISES LLC					
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)				
he Articles of Organization for this Limited Liability Company were filed on 06/16/2014 and assigned lorida document number L14000095740					
This amendment is submitted to amend the following:					
4. If amending name, enter the new name of the limited liability company h	ere:				
The new name must be distinguishable and contain the words "Limited Liability Company," the					
Enter new principal offices address, if applicable:	- 50				
(Principal office address MUST BE A STREET ADDRESS)	SED -				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	9				
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	n our records, enter the name of the				
Name of New Registered Agent:					
New Registered Office Address: Enter Fi	iorida street address				
	, Florida Zip Code				
City New Registered Agent's Signature, if changing Registered Agent:	Zip Coue				
New Registeren Agent & Stottatute, it chanting Register va 32-van					

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

P.004/005

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>	Name	Address	Type of Action
MGR	CONCEPCION, MELVI	8330 NW 7 ST #147	Add
		MIAMI, FL 33126	₽ Remove
			☐ Change
MGR	SANCHEZ PEREZ, ALFREDO	8330 NW 7 ST #147	BP Add
		MIAMI, FL 33126	☐ Remove
			☐ Change
			Add
			[] Remove
			Changer Change
			☐ Change
			D Add
			Remove
			□ Change
			Add
			□ Remove
			Change

09/11/2018 15:55 D. If ameuding any other information, enter change(s) here:	(FAX) P.005/005 (Attach additional sheets, if necessary.)
	<u> </u>
	33.00
09/11/2018 E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	(optional) odate of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b tole statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated SEPT II 2018	<u>-</u> ·
Signature of a member or autho	rized representative of a member
MELVI CONCEPCION Typed or printe-	d name of signee

Page 3 of 3

Filing Fee: \$25.00