## 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 : 120170000070 : (305)226-8727 Phone

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. \*\*

casil	Address:				

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **VERIN 7 CONSTRUCCIONES LLC**

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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## **COVER LETTER**

	ation Section a of Corporations	
	RIN 7 CONSTRUCCIONES LLC	•
SUBJECT:	Name o	f Limited Liability Company
The enclosed Art	ticles of Amendment and fee(s) ar	e submitted for filing.
Please return all	correspondence concerning this m	atter to the following:
	LUCIA ESTRELLA	
		Name of Person
	CONSTRUCTION &	ENGINEERING SCHOOL
		Firm/Company
	8300 WEST FLAGL	ER ST
		Address
	MIAMI, FL 33144	
		City/State and Zip Code
	LUCIAESTRELLA@	BELLSOUTH.NET ress: (to be used for future annual report notification)
For further inform	mation concerning this matter, ple	
LUCIA ESTREI	LLA	305 226-8727 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
₺ \$25.00 Filin	g Fee \$30.00 Filing Fee & Certificate of Stat	
Regist Divisi P.O. B	<u>Address:</u> tration Section on of Corporations Box 6327 hassee, 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

VERIN 7 CONSTRUCCIONES LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ( ited Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Comp	any were filed on $\frac{06/13}{1}$	3/2016	and assigned
Florida document number L16000114205			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	•	
VERIN 7 PAINTERS & SERVICES LLC			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			3 7
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
	- 11		no of the new registered
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	nce address on our rec	cords, enter the nai	Lo Lo
Name of New Registered Agent:			
New Registered Office Address:			
11011 239 2300 2	Enter Florid	la street address	
		, Florida	
<del></del>	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered R	<u>gent:</u>		
			area to comply with the

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>	Address	Type of Action
AMBR	FLORES, HENRY MANUEL	18031 BISCAYNE BLVD, APT 202-3S	that
		AVENTURA, FL 33160	□Remove
			□ Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
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			□Remove
			Change

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Note: If the date in	serted in this block do	of filing:  ocific and cannot be prior to be not meet the application of State's records.	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to 603 ements, this date will not be list	5.0207 ( ed as t
e record specifies a rd is filed.	delayed effective date,	, but not an effective tin	ne, at 12:01 a.m. on the e	arliet of: (b) The 90th day afte	er the
Dated	Int.	, 2020			
	Je Cont				

Typed or printed name of signee