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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Number : I20170000070

Account Name : CONSTRUCTION & ENGINEERING SCHOOL

Phone : (305) 226-8727

Fax Number

: (305)225-8767

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN L & P BUSINESS GROUP LLC

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10/11/2017

Registration Section

TO:

COVER LETTER

Div	ision of Corp	orations			
CUD IDOT.	L&PBUSI	NESS GROUP LLC			
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspon	dence concerning this matter to	the following:		
		LUCIA ESTRELLA			
			Name of Person		
	CONSTRUCTION AND ENGINEERING SCHOOL				
	Firm/Company				
	8300 WEST FLAGLER ST				
			Address		
	MIAMI, FL 33144				
			City/State and Zip Code		
		RUTHLEDESMA@BELLS		·	
		E-mail address: (1	be used for future annual r	eport notification)	
For further i	nformation co	ncerning this matter, please ca	11:		
LUCIA ES	TRELLA		305 226	5-87 2 7	
	Name of	Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	losed)	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & P BUSINESS GROUP LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our recomited Liability Company)	rds)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L17000018814</u> .	npany were filed on 01/19/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I llability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRES	SS)	a n
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		T E D
B. If amending the registered agent and/or register registered seent and/or the new registered office addres	red office address on our recors here:	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
<u></u>		Florida
	City 3.	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>	Address	Type of Action
MGR	PEREZ, CARLOS A	18141 SW 143RD CT	Add
_		MIAMI, FL 33177	Remove
			Change
			Add
			Remove
			Change
			Remove
			CO Add
			CT Add CT Remove CT Charge
			Char
_			☐ Remove
			Change
		·	
			□ Remove
			☐ Change

Typed or printed name of signee

LUZ M PEREZ

Signature of a member or authorized representative of a member

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