

COVER LETTER

TO:	Registration Section
	Division of Corporations

Taxes by Accurate LLC

SUBJECT:

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 Inc.

Firm/Company

8300 W Flagler St Suite 114

Address

Miami, Fl 33144

City/State and Zip Code

luciaestrelia@bellsouth.net

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

For further information concerning this matter, please call:

Lucia Estrella	305	226-8727
	_ at ()	
Name of Person	Area Code	Daytime Telephone Number

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Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 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)

Malling 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

	A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Florida document number <u>L17000084064</u>	Liability Company were filed on	/14/2017 and assigned
This amondment is submitted to amond the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
Alvarez Carpentry LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	Issignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	inghler	
•••		·
<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS)</u>	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable: <i>Mailing address MAY BE <u>A POST OFFIC</u></i>		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFIC</u>		
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Mailing address MAY BE A POST OFFIC		
Mailing address MAY BE A POST OFFIC	registered office address on our r	
Mailing address MAY BE A POST OFFIC	registered office address on our r	records, enter the name of the new register
Mailing address MAY BE A POST OFFICE b. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our r	ecords, enter the name of the new register
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:	registered office address on our r ess here:	records, enter the name of the new register
Mailing address MAY BE A POST OFFICE b. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our r ess here: 3334 SW 64th Ave	records, enter the name of the new register
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	registered office address on our r ess here: 3334 SW 64th Ave	ecords, enter the name of the new register

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

Title	<u>Name</u>	Address	Type of Action
			🗆 Add
			CRemove
		- <u></u>	Change
			🛛 Add
			□Remove
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			🗋 Add
			Change

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

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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 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. Δ

Dated	Jan 8th	2020	
		ignature of a member or apphorized representative of a member	
	Moises A Alvarez	- Cl	
		Typed or printed name of signee	

Filing Fee: \$25.00