Division of Corporations Electronic Filing Cover Sheet

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(((H180000915123)))



H180000915123ABC

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To:

Division of Corporations .

Fax Number : (850) 617-6383

From:

Account Name : CONSTRUCTION & ENGINEERING SCHOOL ENC.

Account Number: I20170000070 : (305)226-8727

Fax Number : (305)226-8767

**Enter the email address for this business ontity to be used for futural annual report mailings. Enter only one email address please . **

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN O.P.A. REMODELING & MAINTENANCE LLC

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

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COVER LETTER

то:	Registration Division of	Section Corporations		
erin in		REMODELING & MAINTENA	ANCE LLC	
SUBJE	CI:	Name of Li	imited Liability Company	
The encl	losed Anicles	of Amendment and fee(s) are su	ubmitted for filing.	
Please re	eturn all corre	spondence concerning this matte	er to the following:	
		LUCIA ESTRELLA		
			Name of Person	
		CONSTRUCTION ENG	INEERING SCHOOL	
			Firm/Company	
		8300 WEST FLAGLER	ST	
			Address	
		MIAMI, FL 3144		
			City/State and Zip Code	-
		LUCIAESTRELLA@BE	ELLSOUTH.NET s: (to be used for future annual report notification)	X
For fired	her informatio	on concerning this matter, please	N	D do
		it concerning this matter, preme	· ` >	
LUCIA	ESTRELLA		at ()	
	Nan	ne of Person	Area Code Daytime Telephone Number	•
Enclose	d is a check fo	or the following amount:		
5 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Reg Div P.C	AILING ADDRESS: pistration Section rision of Corporations Box 6327 lahassee, 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 QRGAMIZATION OF

O.P.A. REMODELING & MAINTENA		
(Name of the Limited Li (A Fi	ability Company as It now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 10/27/2017	and assigned
Florida document number L17000223980	_ ·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
O.P.A. PROFESSIONAL SERVICES 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 A)	DDRESS)	
	. 3010 - 081 - 80	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	9	
		
		·
B. If amending the registered agent and/or r	registered office address on our records, g	enter the name of the new
registered agent and/or the new registered office	address nerc:	7. A.
Name of New Registered Agent:		
New Registered Office Address:		1.9
	Enter Florida street address	54
	, Flori	~
_	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

(FAX)	P.004/005

03/21/2018 18:13 (FAX) P.004/005
If amending Authorized Person(s) authorized to manage, enter the tiffe, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager Luthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			D Add
			Remove
		<u> </u>	Change
<u>:</u>			□ Add
			Remove
			Change
			Addir Remove Change
			□ Change
			Add
			□ Remove
		Ti-	Сһалge
			□ Add
			Remove
			Change

03/21/2018 18 . If amending any	3:13 other information, enter chang	ge(s) here: (Attach addition	(FAX) al sheets, if necessary.)	P.00 5 /0
				
<u></u>			·	18
				AAR CO
			<u> </u>	=
				- 15 . .
. Effective date, it	Other than the date of filing:	3/21/2018	(optional)	
Note: If the date	i listed, the date must be specific and caru inserted in this block does not meet live date on the Department of State	the applicable statutory filing	e than 90 days after filing.) Purs requirements, this date will t	uant to 605.0207 (3) not be listed as the
the record spec b) The 90th day	ifies a delayed effective date y after the record is filed.	e, but not an effective tir	ne, at 12:01 a.m. on t	he earlier of:
Dated MARCH 2	21 22	018		
 -	Signature of a mem	ber or authorized representative of	f a member	

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Typed or printed name of signee

Filing Fee: \$25.00