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To:

Division of Corporations

Fax Number

: (850)617-6383

1.01.

From:

Account Name

: CONSTRUCTION & ENGINEERING SCHOOL

Account Number: I20170000070 Phone

: (305)226-8727

. . ii'

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.\*\*

Email	Address:						
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JCR SERVICE & REPAIR L.L.C.

K. SALY FEB 15 2018

Certificate of Status	0	
Certified Copy	0	
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## **COVER LETTER**

TO: Roy Div	gistration Sec vision of Corp	etion porations			
SUBJECT:		CE & REPAIR L.L.C.			
SOBJECT.	<u> </u>	Name of Limite	d Liability Company	Action 1997	<del>.                                      </del>
The enclosed	d Articles of A	Amendment and fee(s) are subm	itted for filing.	•	
Please return	all correspor	ndence concerning this matter to	the following:		
		LUCIA ESTRELLA		7. 7.1 74.	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	44.	<del></del>
		CONSTRUCTION ENGINE	EERING SCHOOL		
			Firm/Company		
		8300 WEST FLAGLER ST,	SUITE 114		
		- · · · · · · · · · · · · · · · · · · ·	Address		<del></del>
		MIAMI, FL 33144			
			City/State and Zip Co	ode	
		RUTHLEDESMA@BELLS(			
		E-mail address: (to	be used for future and	ual report notific	ation)
For further is	nformation co	ncerning this matter, please call	l <b>:</b>	1	
LUCIA EST	ΓRELLA		305	226-8727	
	Name of	Person	Arca Code	Daytime T	elephone Number
Enclosed is	a check for th	e following amount:		હુલ્લે.	
□ \$25.00 F	Filing F <b>ee</b>	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	co &z /	□ \$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
Cliffon Building
2661 Executive Center Circle Tallahassee, FL 32301

THE THE

02/13/2018 17:35 (FAX)

P.003/005

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

18 FEB 14 AM 9: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JCR SERVICE & REPAIR L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan Florida document number <u>L17000247493</u>	y were filed on 12/04/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	xility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
instanting month can instan Desira A desiral Caracan Street	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
NOW REGISTER OFFICE FLOOR CO.	Enter Florida street address
	, Florida
	City and City and Code
New Registered Agent's Signature, if changing Registered Agen	•
I handly appent the appointment as varietated agent and as	rea to got in this congoin. I further garge to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agr 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

02/13/2018 17:35 (FAX) 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>	<u>Name</u>	Address	Type of Action
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		PEMBROKE PINES, FL 33025	// Remove
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	•	Section 1995 Annual Communication (1995)	☐ Change

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ter. If the date instea, the date must be sp ter. If the date inserted in this block do nument's effective date on the Departn	oes not meet the applicable statutory filing req	uirements, this date will not be listed
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record specifies a delayed effe he 90th day after the record !:	ective date, but not an effective time	, at 12:01 a.m. on the earlier
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ed FEBRUARY 13	2018	
	~ Justin 1	
Signa	ture of a member or authorized representative of a	member
	· • • • • • • • • • • • • • • • • • • •	

entry year

Page 3 of 3

Filing Fee: \$25.00