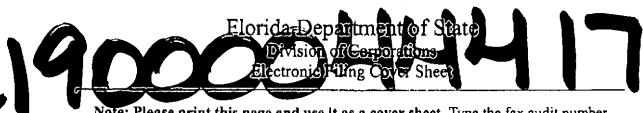
(FAX)

10/08/2020



Note: Please print this page and use It as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000351446 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONSTRUCTION & ENGINEERING SCHOOL INC.

Account Number : I20170000070

: (305)226-8727

Fax Number

Email Address:\_

: (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.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OA PROPERTY MAINTENANCE, LLC

Certificate of Status	0
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850-617-6381

10/8/2020 1:44:25 PM PAGE 1/001 Fax Server

October 8, 2020

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

OA PROPERTY MAINTENANCE, LLC 11293 SW 5TE STREET MIAMI, FL 33174US

SUBJECT: OA PROPERTY MAINTENANCE, LLC

REF: L19000044417

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any quastions concerning the filing of your document, please call (850) 245-6050.

Robekah White FAX Aud. #: E20000346713

Regulatory Specialist II Supervisor Letter Number: 120A00019698

## **COVER LETTER**

TO: Registration S Division of Co	Section Progrations		0
SUBJECT:	OA PRO	pecty Mainte	enonce LLC
	Name of Li	chited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all corresponden	ondence concerning this matte	r to the following:	
	Lucia	Esteelh	
	ac Oms	HUCTION B	Engineering School
	8300	W. Flaglar S	<del>\frac{1}{2}.</del>
	Hiami	F1 99144	/
	LUCIGESTA E-mall address:	City/State and Zip Code  EIA Q	anhoet
For further information co	oncorning this matter, please o	<b>a</b> 0:	
Jua Estr.	ela	<u> 365</u> 220	08727
Name of	Perior .	Area Code Daytim	o Telephone Number
Enclosed is a check for th	e following amount:		
225.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	555,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailiny Address		Street Address	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, PL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Λ Λ Λ Λ · ·	O.F.	
Name of the Limited Labeller Comm	tenance 1	<u> </u>
(A Florida Limited	any as it now appears on our rec Liability Company)	:ords.}
The Articles of Organization for this Limited Liability Company	y were filed on $2/3$	2019 and assigned
This amendment is submitted to amend the following:	,	•
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		200
· · · · · · · · · · · · · · · · · · ·		7 7
		S
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	······································	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>ent</u> e	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street oddr	eu
		Florida
New Registered Agent's Signature of changing Devictored Agent.	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.

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Rémove
			Change
			□Add
			200 Remove
			200 OCT BOOK ST. ST.
			Remove
			Change
			□ Add
			ПRеточе
			- Change
			CRemove

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<del></del>	0.00	-
ffective	date, if other than the date of filing:	
<u>lote:</u> If th	ive 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records.	5.0207 (3 ted as th
	The state of the population of State & Tectifus.	
record spe l is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	u the
	9-28 2020	
ated	1-00,000	
	Signature of a member or authorized representative of a member	