



**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.

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To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : CONSTRUCTION & ENGINEERING SCHOOL INC.  
Account Number : I20170000070  
Phone : (305) 226-8727  
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: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
CEDANO SERVICES CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1/14/2020 11:27:41 AM PAGE 1/001 Fax Server



January 14, 2020

## FLORIDA DEPARTMENT OF STATE

CONSTRUCTION & ENGINEERING SCHOOL <sup>Division of Corporations</sup>SUBJECT: CEDANO SERVICES CORP.  
REF: P05000030751

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.

You failed to make the correction(s) requested in our previous letter.

The date of signing cannot be a future date.

If you have any further questions concerning your document, please call (850) 245-6050.

Terri J Schroeder  
Regulatory Specialist III  
Amendment Section  
Amount charged: 35.00

FAX Aud. #: E20000011189  
Letter Number: 820A00000834

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CEDANO SERVICES CORP.

DOCUMENT NUMBER: P05000030751

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUCIA ESTRELLA

Name of Contact Person

CONSTRUCTION ENGINEERING SCHOOL

Firm/ Company

8300 WEST FLAGLER ST

Address

MIAMI, FL 33144

City/ State and Zip Code

LUCIAESTRELLA@BELLSOUTH.NET

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

For further information concerning this matter, please call:

LUCIA ESTRELLA

at (305)

226-8727

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

CEDANO SERVICES CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P05000030751

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

The new

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_

(City)

Florida

(Zip Code)

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**New Registered Agent's Signature, If changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, If changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>DIR</u>	<u>VARGAS IGLESIAS, ULISES</u>	<u>2093 WEST 54 TERR</u>
<input type="checkbox"/> Add			<u>HIALEAH, FL 33016</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>DIR</u>	<u>RICARDO, ERY ALEXIS</u>	<u>2093 WEST 54 TERR</u>
<input type="checkbox"/> Add			<u>HIALEAH, FL 33016</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>DIR</u>	<u>HERNANDEZ QUINTERO, WALDO</u>	<u>2093 WEST 54 TERR</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH, FL 33016</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>DIR</u>	<u>AQUINO CEDANO, JOSE RAMON</u>	<u>2093 WEST 54 TERR</u>
<input checked="" type="checkbox"/> Add			<u>HIALEAH, FL 33016</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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(Attach additional sheets, if necessary). (Be specific)

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

N/A

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01/10/2020

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

01/10/2020

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

- ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

Dated 01/10/2020

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MANUEL CEDANO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE, FLORIDA

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