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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CONSTRUCTION & ENGINEERING SCHOOL INC.

Account Number: 120170000070

Phone Fax Number : (305)226-8727 : (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. ** *

Emmil Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN LABALLE CONCRETE CORP

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|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

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11/21/2017

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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|--|
| name of corporation: LA | BALLE CONCRETE CORP |
| DOCUMENT NUMBER: P1400 | 00032354 |
| The enclosed Articles of Amendment and fee | are submitted for filing. |
| Please return all correspondence concerning to | his inatter to the following: |
| LUCIA EST | IIII RELLA |
| <u></u> | Name of Contact Person |
| CONSTRUC | TON & ENGINEERING SCHOOL |
| 8300 WEST | Firm/ Company FLAGLER ST |
| MIAMI, FL | Address |
| WIIAWII, FL | City/ State and Zip Code |
| | |
| RUTHLEDESM | A@BELLSOUTH, NET o be used for future annual report notification) |
| E-mail aduress. (6 | o oo used for knowle annual report notification) |
| For further information concerning this matte | r, please cali: |
| 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 | atus Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) |
| Amendment Section | Street Address Amendment Section |
| Division of Corporations P.O. Box 6327 | Division of Corporations |
| Tallahassee, FL 32314 | Clifton Bullding 2661 Executive Center Circle |
| - | Tallahassec, FL 32301. |

Articles of Amendment to Articles of Incorporation of

LABALLE CONCRETE CORP.

| . LABALLE CONCRETE | B OKF |
|---|---|
| (Name of Cor | poration as currently filed with the Florida Dept. of State) |
| P14000032354 | |
| | Document Number of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, its Articles of Incorporation: | Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of | the corporation: |
| | The new |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," | "Corp." "Inc." or "Co". A professional corporated" or the abbreviation |
| B. Enter new principal office address, if appl | licable: |
| (Principal office address MUST BE A STREE | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | 28 BOX) |
| 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| | |
| D. If amending the registered agent and/or re | egistered office address in Florids, enter the name of the |
| now registered agent and/or the new regis | igred office address: |
| Name of New Bootstand Acces | P. · |
| Name of New Registered Agent | |
| | (Florida street address) |
| | (************************************** |
| New Registered Office Address: | |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing | Registered Agent: |
| i hereby accept the appointment as registered as | ent. I am familiar with and accept the obligations of the position. |
| | |
| | |
| | Signature of New Registered Agent, if changing |
| j | |
| | |
| | Page 1 of 4 |

| address of each Officer | and/or I | Olroctor boing add | the title and name of each of ed: | ficer/director being removed and title, name, and |
|--|---------------------------|--|--|---|
| (Attach additional shoots | | | | |
| Please note the officer/di | rector tit | le by the first latter | of the office title: | |
| Executive Officer; CFO | | Financial Officer. | '= Secretary; D= Director; T. If an officer/director holds n | R= Trustee; C = Chairman or Clerk; CEO = Chief nore than one title, list the first latter of each office |
| held President, Treasure | | | Townsonth, John Don to Herad . | and a first and table for the first of the second |
| a changes snouta de notes a change Mike Jones les | i in ing ju mure the c | nowing manner, C | Jurrenily John Doe is listed a. Smith is momed the V and S. T | s the PST and Mike Jones is listed as the V. There is hese should be noted as John Doe, PT as a Change, |
| Mike Jones, V as Remove | e, and Sa | lly Smith, SV ds an | Add. | THE SHOULD DE HOISE AS SOME DOS, FI AS A CHANGE, |
| Example: | , | | , | · |
| X Change | <u>PT</u> | John Doe | | |
| X Remova | Y | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | Title | Name | | <u>Address</u> |
| 1)Change | DIR | GUEV | ARA RODRIGUEZ, ABEL | 1185 WEST 52 PLACE |
| Add | | | | HIALEAH, FL 33012 |
| X Remove | | | | |
| 2)Change | | | | • |
| Add | | | | |
| Remove | | ili | , | |
| 3) Change | | | | |
| Add | | | • | |
| Remove | | | • | |
| 4) Change | | | • | |
| Add | | | | • |
| Remove | | | | |
| | | | | |
| 5) Change | | - <u>- </u> | | |
| Add | | | | |
| . Roniove | | | | |
| 6)Change | <u> </u> | _ <u> </u> | <u> </u> | |
| Add | | | • | |
| Remove | | | | |

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| E. If amending or adding additional Arti- (Attach additional sheets, if necessary). | clessenter change | e(s) here: | | | |
|--|--|--|---------------------------------------|--|-----|
| (Attach additional sheets, if necessary). | (Baspecific) | _ | | | |
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| . If an amendment provides for an exchaprovisions for implementing the amen | ango, reclassificat | ion, or cancella | tion of issued | shares, | |
| (if not applicable, indicate N/A) | No. | जागदर भि साह दशा | हमतामहमा (निवर | <u> 71:</u> | |
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| The date of each amendm | ent(s) adoption: | 11/21/ | /2017 [,] . | | të sal so at se at |
|---|---|--|--|---|---------------------------------------|
| date this document was sign | | - | , | | , if other than the |
| Effective date if applicable | <u>e: </u> | 1/21/2017 | · | | |
| | J | | 0 days after amendine | - | |
| Note: If the date inserted document's effective date of | in this block does no n the Department of S | meet the applicates are the meet the me | cable statutory filing i | requirements, this date w | ill not be listed as the |
| Adoption of Amendment(| s) (<u>CH</u> | CK ONE) | | | |
| In the amendment(s) was/ by the shareholders was | were adopted by the at /were sufficient for ap | archolders. The proval. | number of votes cast | for the amendment(s) | , |
| The amendment(s) was must be separately prov | ilded for ≢ach votingle | roup entitled to | vote separately on the | amendment(s); | |
| "The number of vo | otes cast for the amend | ment(s) was/wer | e sufficient for appro- | val | |
| b у | | g group) | | ," · | |
| ☐ The amendment(s) was/a section was not required. ☐ The amendment(s) was/a | were adopted by the b | pard of directors | | | |
| action was not required. Dated | 11/21/2017 | | | · was also critical | · |
| Signature | | | <u></u> | | |
| | (By a director, preside selected, by an income appointed fiduciary by | orator - if in the | er – if directors or off hands of a receiver, t | ficers have not been trustee, or other court | - |
| | | LO FERNA | | | |
| | | | ame of person signing | g) | |
| | <u> </u> | RESIDENT | | | |
| | | (Title o | f person signing) | | · · · · · · · · · · · · · · · · · · · |

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