

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000334945 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MP 70 INVESTMENTS, CORP.

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12/21/2017 15:02 Division of Corporations

(FAX)

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COVER LETTER

Division of Corpo	orations				
NAME OF CORPOR	ATION: MP 70 INVESTM	ENTS, CORP.			
DOCUMENT NUME	BER: P17000031059				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
•	LUCIA ESTRELLA	·			
•		Name of Contact Perso	n		
	CONSTRUCTION AND ENGINEERING SCHOOL				
		Firm/ Company			
	8300 WEST FLAGLER ST				
•	<u> </u>	Address			
	MIAMI, FL 33144				
•		City/ State and Zip Cod	e		
RUTI	ILEDESMA@BELLSOUTH	I.NET			
	•	sed for future annual report	notification)		
		· ·	•		
For further information	concerning this matter, please	se call:			
LUCIA ESTRELLA		at (305	226-8727		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 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)		
Amer Divis P.O.	Ing Address Indment Section Identification of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation

2017 DFC 21 AP 10: 34

	of 13. J4
MP 70 INVESTMENTS, CORP.	
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
P17000031059	
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the now name of the c	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET AD)</u>	DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	02)
maning and as man as man as a second as a	<u> </u>
·	
D. If amonding the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
·	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	ristavad Aganti
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	·
Sian	nature 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: X.Change	PI	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
CHANGE NAME PRESIDENT
CORRECT: DELGADO SOSA, RAFAEL A
CHANGE ADDRESS:
CORRECT: 340 WEST FLAGLER ST
APT 3006
MIAMI, FL 33130
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

	12/20/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	2/20/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<u>,</u> n	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	lder
12/20/20	17	
Dated	RofeRelune	
	director, president or other officer - if directors or officers have not bee	
	ted, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
арро	inted fiduciary by that fiduciary)	
	RAFAEL A DELGADO SOSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	