## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CONSTRUCTION & ENGINEERING SCHOOL INC.

Account Number : I20170300070 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 MILTMART GROUP CORP

| Certificate of Status | . 0     |
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## **COVER LETTER**

| TO: Amendment Se<br>Division of Cor |   |  |  |
|-------------------------------------|---|--|--|
| NAME OF CORPO                       | MILTMART GRO  | UP CORP  |  |
|                                     |   |  |  |
| DOCUMENT NUN                        | MBER: P17000091605  |  |  |
| The enclosed Article                | es of Amendment and fee are su  | bmitted for filing.  | •  |
| Please return all cor               | respondence concerning this mat   | ter to the following:  |  |
|                                     | LUCIA ESTRELLA  |  |  |
|                                     |   | Name of Contact Person   |  |
|                                     | CONSTRUCTION & ENGIN  | NEERING SCHOOL   |  |
|                                     |   | Firm/ Company  |  |
|                                     | 8300 WEST FLAGLER ST  |  |  |
|                                     |   | Address  |  |
|                                     | MIAMI, FL 33144   |  |  |
|                                     |   | City/ State and Zip Code   | <del></del>  |
| RII                                 | THLEDESMA@BELLSOUTH   | NET  |  |
| <del></del>                         | _   | ed for future annual report  | notification)  |
|                                     | <b>,</b>  | ·  | ·  |
| For further informat                | ion concerning this matter, pleas   | e call:  |  |
| LUCIA ESTRELLA                      | A   | at (   | 226-8727   |
| Nam                                 | e of Contact Person   | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check                 | for the following amount made ;   | payable to the Florida Depa  | rtment 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)   |
| ለ<br>D<br>P.                        | Ialling Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address ment Section in of Corporations Building executive Center Circle assec, FL 32301 |

FILED

Articles of Incorporation

Articles of Amendment 2019 JAN 10 AM 11: 01

SECREMENT OF LIMITE

| MILTMART GROUP CORP   | of  | TALLMHASSEE, FL                               |               |
|---|---|---|---------------|
|   | ation as currently filed w                                | (ith the Florida Dept. of State)              |               |
| P17000091605  |   |   |               |
| (Doc  | ument Number of Corpora                                   | ation (if known)                              |               |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:  | ida Statutes, this <i>Florida F</i>                       | Profit Corporation adopts the following amend | dment(s)      |
| A. If amending name, enter the new name of the  | corporation:  |   |               |
|   |   | The   | new           |
| name must be distinguishable and contain the w<br>"Corp.," "Inc.," or Co.," or the designation "Conword "chartered," "professional association," or the B. Enter new principal office address, if applicable Principal office address MUST BE A STREET Al | rp," "Inc," or "Co". A ; the abbreviation "P,A."  ble:    | professional corporation name must contain    | the           |
| C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  D. If amending the registered agent and/or registered  |   | larids, enter the name of the                 | <b>-</b><br>- |
| new registered agent and/or the new registere   |   | oridal water the name or aid                  |               |
| Name of New Registered Agent  |   |   |               |
|   |   |   |               |
| ·   | (Florida street addres.                                   | <i>ਧ)</i>                                     |               |
| New Registered Office Address:  | (City)  | Florida (Zip Code)                            | _             |
| New Registered Agent's Signature, if changing Re<br>hereby accept the appointment as registered agent.  | <del>cristered Agent:</del><br>. I am familiar with and a | accept the obligations of the position.       |               |
| Sie   | gnature of New Registered                                 | Agent, If changing                            |               |

Example:

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:

(Auach 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.

| X Change                      | PT           | John Doe             |                    |
|-------------------------------|--------------|----------------------|--------------------|
| X Remove                      | У            | Mike Jones .         |                    |
| X Add                         | <u>sv</u>    | Sally Smith          |                    |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>          | <u>Addres</u> s    |
| 1) Change                     | D            | CARRILLO PAZ, YUNIEL | 9285 SW 42 TERRACE |
| X Add                         |              | •                    | MIAMI, FL 33165    |
| Remove                        |              |                      |                    |
| 2) Change                     |              |                      |                    |
| Add                           |              |                      |                    |
| Remove                        | ٠            |                      | <del></del>        |
| 3) Change                     |              |                      |                    |
| Add                           |              |                      |                    |
| Remove                        |              | •                    |                    |
| 4) Change                     |              |                      |                    |
| Add                           |              |                      |                    |
| Remove                        |              | ·                    |                    |
| 5) Change                     |              |                      |                    |
| Add                           |              |                      |                    |
| Remove                        |              |                      |                    |
| 6) Change                     |              |                      |                    |
| Add                           |              |                      |                    |
| Remove                        |              |                      | <del></del>        |

| 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) |  | icles, enter change(s) here:<br>(Be specific)  |
|--|--|--|
| 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) |  |  |
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| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)   | · · · · · · · · · · · · · · · · · · ·                                    |  |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)   |  |  |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)   |  |  |
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|  | provisions for implementing the ame                                      | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
|  | provisions for implementing the ame<br>(if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
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|  | provisions for implementing the ame<br>(if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |

| 01/10/2019   | والم المام الم |
|--|--|
| The date of each amendment(s) adoption:  | , if other than the  |
| date this document was signed.   |  |
| 01/10/2019   |  |
| 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 da document's effective date on the Department of State's records.                             | te will not be listed as the   |
| 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.   | s)   |
| 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): | ent  |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |  |
| by,"   |  |
| by   |  |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  | r  |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |  |
| . 01/10/2019 :   | •  |
| Dated  |  |
| $\mathcal{A}$  |  |
| 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 cour   | τ  |
| appointed fiduciary by that fiduciary)   | •  |
| MILTON GONZALEZ HERNANDEZ  |  |
|  | ·  |
| (Typed or printed name of person signing)  |  |
| PRESIDENT  |  |
| (Title of person signing)  |  |