**Division of Corporations** Electronic Filing Cover Sheet

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(((H18000320379 3)))



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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)226~9727

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 NEW IMAGE MULTISERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
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Electronic Filing Menu

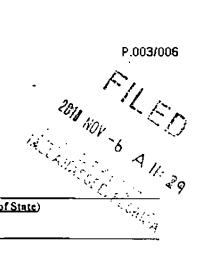
Corporate Filing Menu

TO: Amendment Section

## COVER LETTER

Division of Corp	orations					
NAME OF CORPO	RATION: NEW IMAGE M	JLTISERVICES CORP				
DOCUMENT NUM	BER:	<del></del>				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Picase return all corre	spondence concerning this ma	tter to the following:				
	LUCIA ESTRELLA					
	·	Name of Contact Person	n			
	CONSTRUCTION & ENGI	NEERING SCHOOL				
	Firm/ Company					
	8300 WEST FLAGLER ST					
	Address					
	MIAMI, FL 33144					
		City/ State and Zip Cod	e			
RUT	HLEDESMA@BELLSOUTH	LNET				
		sed for future annual report	polification)			
			,			
For further information	n concerning this matter, pleas	sc call:				
LUCIA ESTRELLA		at ( 305	226-8727			
Name of Contact Person		Area Co	de & 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	Cl\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street Address				
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
P.O. Box 6327			Building			
Tell	ahassee, FL 32314	2661 E	xecutive Center Circle			
		Tallahs	1990c, FL 32301			

## Articles of Amendment to Articles of Incorporation of



NEW IMAGE MUILTISERVICES CORP.

/Nama af Ca	·
Uname of Corporation i	as currently filed with the Florida Dept. of State)
P18000074894	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Suits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
NEW IMAGE MULTIPAINTING CORP	The new
name must be distinguishable and contain the word " "Carp.," "Inc.," or Co.," or the designation "Corp." " word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>188</u> )
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered officers.	office address in Florida, enter the name of the ce address:
Name of New Registered Agent	
<del></del>	
	(Florida street address)
New Registered Office Address:	, Florida

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.

X Change	PT	John Doe	
<u>X</u> Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
I)Change	_		
Add			
Remove			
2) Change			
Add			<del></del>
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
`Add			
Remove			
5) Change			
Add			
Remove			
O 04			
6) Change	-		
Add			
Remove			

	ing additional Artleets, if necessary).	(Be specific)				
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<u>provisions for impl</u>	ovides for an exch lementing the amer le, indicate N/A)	ange, reclassifier adment if not cor	tion, or cancella tained in the am	tion of issued sha endment itself;	1662*	
NA			· · · · · · · · · · · · · · · · · · ·			_
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				<del></del>		

	11/06/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•	/06/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	black does not meet the applicable statutory filing requirements, this date operatment of State's records.	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 east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s);	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	<b>.</b>	
	(voiling 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	
action was not required.		
11/06/20 Dated	18	
Signature		
(By a select	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
	ALEXIS L LOPEZ CUTINO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>