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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| From: | Account Name . CONSTRUCTION & CHICANTECATIC COLUMN THE | |
| | Account Name : CONSTRUCTION & ENGINEERING SCHOOL INC. Account Number : 120170000070 | 7020 |
| | Phone : (305)226-8727 | |
| | Fax Number : (305)226-8767 | (Ep |
| •Enter | the email address for this business entity to be used for fu | uture |
| anr | ual report mailings. Enter only one email address please.** | , D |
| Ema | il Address: | == |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN JR ARTEAGA SERVICE INC

| Certificate of Status | 0 |
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September 11, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

JR ARTEAGA SERVICE INC 17000 NW 36TE AVE MIAMI CARDENS, FL 33056

SUBJECT: JR ARTEAGA SERVICE INC

REF: P20000050406

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refex the complete document, including the electronic filing cover sheet.

Please indicate the name(s) of each voting group(s) entitled to vote on the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Darlene Connell FAX Aud. #: H20000312149

Regulatory Specialist II Supervisor Letter Number: 020A00017327 TO: Amendment Section

COYER LETTER

Division of Corporations NAME OF CORPORATION: JR Arteaga Service Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Birm/ Company City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Foc ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is **Certified Copy** enclosed) (Additional Copy

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

is enclosed)

| Articles of Am | endment |
|---|--|
| to Articles of Inco | |
| JR Aeteaga " | Service Inc. |
| Document Number of C | filed with the Florida Dept. of State) (1) 4 0 0 |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this FL its Articles of Incorporation: | • , , |
| A. If amending name, enter the new name of the corporation: | |
| name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A." | The new mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 1019 |
| | : 23 |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| - | <u></u> |
| | _ |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address; | a in Florida, enter the name of the |
| Name of New Registered Agent | |
| (Florida street | address) |
| New Registered Office Address: | , Florida |
| C | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with | n and accept the obligations of the position. |
| Signature of New Regis | stered Agent, if changing |
| Check if applicable The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c), | P.S. |

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 | <u>PT</u> | John D | <u>loe</u> | |
|-------------------------------|--------------|---------------|------------------------|-------------------------|
| X Remove | Y | Mike J | <u>णास्त्र</u> | |
| _X Add | <u>sv</u> | Sally S | <u>mith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | Sec | | Christopher A Peralta | 17000 NW 36th Ave |
| <u> </u> | | | | Miami Gardens, Fl 33056 |
| Remove 2) Change | VΡ | - | cheistophor A. Ponalta | 17000 NW 36thave. |
| Add | | | | Michilandens F133050 |
| Remove Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| | | | | |

| what to change from VP Chirstopher A Peralta to | Sec | | |
|--|---------------------------------------|------------------------|-------------|
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| an amendment provides for an exchange, recla | ssification, or cancell | tion of issued shares. | . |
| provisions for implementing the amendment if a (If not applicable, indicate N/A) | ot contained in the a | nendment itself: | |
| . , , , , , , , , , , , , , , , , , , , | | - 11 | |
| Ne are Orina | 1110 | 1 9/10 - | <u> </u> |
| ive you are | n/vi-j | 11-11- | <u>)/</u> |
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| Cheistophor A. | 421617 | V XX |)8/ |
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| VD So | <u></u> | | |
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| The date of each amends | ment(s) adoption; | _, if other than the |
|--|---|----------------------|
| date this document was si | gned. | |
| Effective date if applicat | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted document's effective date | d in this block does not meet the applicable statutory filing requirements, this date will n on the Department of State's records. | iot be listed as the |
| Adoption of Amendment | t(s) (CHECK ONE) | |
| The amendment(s) was action was not required | s/were adopted by the incorporators, or board of directors without shareholder action and si i. | at cholder |
| The amendment(s) was by the shareholders wa | t/were adopted by the shareholders. The number of votes cast for the amendment(s) | |
| amendment(s) was must be separately pro | were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s): | |
| _ | otes cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | 9-8-2020 | |
| Dated | | |
| Signatun | e Turk of the second | |
| v | (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) | , , |
| | Jun Rayon Arteaga Gazed | ado |
| | (Typed or printed name of person signing) | |
| | | |
| | (Title of person signing) | |