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COVER LETTER

`TO:	Registration Se Division of Cor				
SUBJE	DIAM	IOND MCA JA	ANITORIAL	SERVICES LLC	
SUBJE		N	ame of Limited Liabi	lity Company	
Dear Si	ir or Madam:				
The end	closed Statement	of Correction and fee(s) are	e submitted for filing		
Please	return all corresp	ondence concerning this ma	atter to the following:		
YO	LY SAE	BILLON			
-		Name of Person			
LA	FLORIE	DA SERVICE	ES		
		Firm/Company			
383	31 W VIN	E STREET S	UITE 148		
		Address			
KIS	SSIMME	E, FL 34741			
		City/State and Zip Code			
info@lafloridaservices.com					
E	-mail address: (to	be used for future annual	report notification)		
For further information concerning this matter, please call:					
YO	LY SAE	BILLON	407	,978-6560	
	Name	of Person	Area Code	Daytime Telephone Number	
Registr Division Clifton 2661 E	ET/COURIER A ration Section on of Corporation Building Executive Center (assee, Florida 32)	s Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:					
□ \$25	5 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy	
CR2E	062 (9/15)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: DIAMOND MCA JANITORIAL SERVICES LLC The Florida Document number of the limited liability company is: L16000173683 **SECOND:** Document to be corrected is: 2 more members missing MISTAKENLY when filing. THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT \mathbf{x} Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Mbr MORENO, CARLOS Mailing Address 5131 Greenway Rd Kissimmee Fl 34746 Mbr QUEMA, ALICIO Mailing Address 5131 Greenway Rd Kissimmee Fl 34746 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective. П Signature of Authorized Representative Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30,00 (optional)