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COVER LETTER

	stration Section sion of Corporations			
SURIFCT	SERVICIOS Y CONTRUCCION JCP CA LLC			
GODOLCI.	Name of Limited Liability Company			
Dear Sir or M	adam:			
The enclosed	Statement of Correction and fee(s)	are submitted for filir	ng.	
Please return	all correspondence concerning this	matter to the followin	g:	
JUAN POBL	ACION			
	Name of Person		_	
SERVICIOS	Y CONTRUCCION JCP CA LLC			
	Firm/Company		_	
16199 SADE	LE CLUB RD 201			
	Address		_	
WESTON FI	ORIDA 33326			
	City/State and Zip Code		•	
HPMPOBLA	CION@GMAIL.COM			
E-mail a	ddress: (to be used for future annua	l report notification)	_	
For further in	ormation concerning this matter, pl	ease call:		
MIGUELAN	GEL POBLACION	954 at (4710051	
	Name of Person	Area Code	Daytime Telephone Number	
Reg Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303	
Enclosed is a	check for the following amount:			
■\$25 Filing I	Fee S30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (9/1	5)			

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: SERVICIOS Y CONTRUCCION JCP CA LLC The Florida Document number of the limited liability company is: _____ SECOND: Document to be corrected is: L19000301182 THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: THE NAME WAS MISSPELLED FILED AS: "SERVICIOS Y CONTRUCCION JCP CA LLC" THE CORRECT NAME IS: "SERVICIOS Y CONSTRUCCION JCP CA LLC" <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. Signature of Authorized Representative Date 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 \$30.00 (optional) Certified Copy: