V. P09000034065

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Certified Copies |
| |
| Special Instructions to Filing Officer: |
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04/23/09--01008--019 **35.00

SECRETARY OF STATE

Amend Teuis 5-13-09

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: 3 DIAMOND | S JANITORIOS SERV | /ICES INC |
|--|--|---|
| DOCUMENT NUMBER: P09000340 | 065 | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | |
| Please return all correspondence concerning this | matter to the following: | |
| | IA EUCEDA Contact Person) | |
| 3 DIAMONDS | JANITORIOS SERVICES INC | |
| (Firm) | Company) 1 NW 56 Street | et |
| | W-19-STREET | |
| (A | ddress) | |
| MIA (City/ Stat | MI, FL 33125 33142 e and Zip Code) | |
| For further information concerning this matter, pl | - | |
| SONIA EUCEDA | at (305) <u>521-766</u> | |
| (Name of Contact Person) | (Area Code & Daytime | e Telephone Number) |
| Enclosed is a check for the following amount made | de payable to the Florida De | partment of State: |
| ✓ \$35 Filing Fee | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2009

SONIA EUCEDA 3 DIAMONDS JANITORIOS SERVICES INC 2154 NW 13 ST MIAMI, FL 33125

SUBJECT: 3 DIAMONDS JANITORIOS SERVICES INC

Ref. Number: P09000034065

We have received your document for 3 DIAMONDS JANITORIOS SERVICES INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You need to complete your application to include the name of the corporation, date of dissolution and the manner of adoption forthe dissolution.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 709A00014088

00:8 MA II YAM BOOS

RECEIVED

Articles of Amendment to Articles of Incorporation of

| *3 Diamond (Name of Corporation as currently | | e Florida Dept. of Sta | | |
|--|-------------------------------|--------------------------------|------------------------------------|---|
| | | | <u></u> | |
| (Document Number | 0034065 of Corporation | n (if known) | | |
| Pursuant to the provisions of section 607.1006, F following amendment(s) to its Articles of Incorpora | lorida Statute | , | Corporation adopts the | ; |
| A. If amending name, enter the new name of the | corporation | <u> </u> | | |
| NA | | | | |
| The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "In "Co". A professional corporation name massociation," or the abbreviation "P.A." | c.," or Co., | or the designation " | Corp," "Inc," or | |
| B. Enter new principal office address, if applica | ble: | N/A | | |
| (Principal office address <u>MUST BE A STREET A</u> | DDRESS) | | OS MAY I | T |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <i>BOX</i>) _ | NONE | PM 4: 22 RY OF STATE SSEE, FLORIDA | T |
| D. If amending the registered agent and/or registered agent and/or the new registered | ed office add | ress: | er the name of the | |
| Name of New Registered Agent: | NON | | _ | |
| | NONE | | <u>-</u> | |
| New Registered Office Address: (Florida str | | la street address) | | |
| - | | | _, Florida | |
| | | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered ag position. | Registered Ag ent. I am fo | ent: amiliar with and accep | ot the obligations of the | ? |
| Signo | ature of New I | Registered Agent, if cha | nging | |

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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---|--------------------------|----------------|
| | | | |
| | | | |
| <u></u> | | | Add Remove |
| | | | Add Remove |
| (attach add | ng or adding additional Articles, en litional sheets, if necessary). (Be sp CHANGE THE PRESIDENT OF COR | ecific) | HER NAMES IS, |
| SONIA EUCE | EDA I DID FILED (EUCEDO) IT'S MU | JST BE (EUCE | EDA) |
| VP. ALSO LA | AST NAMES IS ESPINOSA I DID FIL | ED (ESPINOZA) IT'S MUST | BE (ESPINOSA) |
| TREASURY I | NAME IS FANNY I DID FILED (FUI | NNY) IT'S MUST BE | (FANNY) |
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| provision | endment provides for an exchange, as for implementing the amendment applicable, indicate N/A) | | |
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| | The date of each amendment(s) adoption: |
|---|---|
| | Effective date if applicable: (no more than 90 days after amendment file date) |
| | (no more than 90 days after amendment file date) |
| | Adoption of Amendment(s) (CHECK ONE) |
| 1 | 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. |
| | 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): |
| | "The number of votes cast for the amendment(s) was/were sufficient for approval |
| | by NONE (voting group) |
| | (voting group) |
| | The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. |
| | The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| | DatedNONE |
| | 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 court appointed fiduciary by that fiduciary) |
| | Souha Ecceda |
| | (Typed or printed name of person signing) |
| | (iezedent |
| | (Title of person signing) |