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Office Use Only



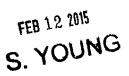
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| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

CKTMG SERVICES LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| | CHRISTIAN GALGU | JERA | | |
|----------------------------|--|---|--------------------|---------------|
| | | Name of Person | | |
| | 1450 S.E. 3rd AVE # | Firm/Company # 308 | | J0 = |
| | DANIA BEACH, FLO | Address DRIDA 33004 | | DEC 2 |
| | CKTMGSERVICES@ | City/State and Zip Code | | |
| For further information co | E-mail address: (| to be used for future annual report noti all: | fication) | 京子の |
| CHRISTIAN GALG | UERA | 954 4484553 | | |
| Name of | Person Person | Area Code Daytim | e Telephone Number | |
| Enclosed is a check for th | e following amount: | | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified (| e of Status & |
| MAILI | NG ADDRESS: | STREET/COURI | ER ADDRESS: | |

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2015

CHRISTIAN GALGUERA 1450 SE 3RD AVENUE #308 DANIA BEACH, FL 33004

SUBJECT: CKTMG SERVICES LLC

Ref. Number: L14000188612

We have received your document for CKTMG SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 3 MISSING

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 315A00000435

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CKTMG SERVICES LLC | | |
|--|--|--------------------------------|
| (<u>Name of the Limited</u> (/ | Liability Company as it now appears on our records Visionida Limited Liability Company) | <u>.</u>) |
| The Articles of Organization for this Limited Liab Florida document number L14000188612 | | and assigned |
| This amendment is submitted to amend the follow | ving; | |
| A. If amending name, enter the new name of t | the limited liability company here: | TALLU |
| The new name must be distinguishable and end with the we | ords "Limited Liability Company," the designation "LLC | " or the abbreviation" L.L.C." |
| Enter new principal offices address, if applica | ble: | 23 may |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE B | OX) | |
| | | |
| B. If amending the registered agent and/o registered agent and/or the new registered off | | , enter the name of the ne |
| Name of New Registered Agent: | | M |
| New Registered Office Address: | Enter Florida street addres: | S |
| | , Flo | orida |
| | City | Zip Code |

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.

If Changing Registered Agent, Signature of New Registered Agent

٠, ١

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|--------------------------------|-------------------------------|
| AMBR | CHRISTIAN GALGUERA | 1450 S.E. 3rd AVE, DANIA BEACH | E Add |
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Page 3 of 3

Filing Fee: \$25.00

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SECRETABLE OF STATE
TALL APPROPRIE FLORIDA