## P0300045449

| (F                                      | Requestor's Name)       |  |
|---|-------------------------|--|
| (Address)                               |                         |  |
| (A                                      | ddress)                 |  |
| (Č                                      | City/State/Zip/Phone #) |  |
| PICK-UP                                 | WAIT MAIL               |  |
| (E                                      | Business Entity Name)   |  |
| (Document Number)                       |                         |  |
| Certified Copies                        | Certificates of Status  |  |
| Special instructions to Filing Officer: |                         |  |
|   |                         |  |
|   |                         |  |
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Office Use Only



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Ps of to Decentral

## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations              | -  |  |
|---|--|--|
| SUBJECT: CMK SERVICES, INC.                                 |  |  |
| - · · · (N  | ame of Corporation)  |  |
| DOCUMENT NUMBER: P03000045                                  | 5449   |  |
| The enclosed Articles of Correction and fee                 | e are submitted for filing.                                  |  |
| Please return all correspondence concernin                  | g this matter to the following:                              |  |
| ADRIANA DE PAZOS  |  |  |
| (Name of Person)  |  |  |
| AFFORDABLE TAX & ACCOUNTING                                 | S SERVICES, I  |  |
| (Name of Firm/Company)                                      |  |  |
| 2308 ENFIELD COURT  |  |  |
| (Address)   | <del></del>  |  |
| ORLANDO, FL 32837   |  |  |
| (City/State and Zip Code)                                   |  |  |
| For further information concerning this ma                  | atter, please call:  |  |
| ADRIANA DE PAZOS  | at ( 407 ) 415-5177  |  |
| (Name of Person)  | (Area Code & Daytime Telephone Number)                       |  |
| Enclosed is a check for the following amou                  | ınt:   |  |
| ☑ \$35.00 Filing Fee  | □ \$43.75 Filing Fee & Certificate of Status                 |  |
| ☐ \$43.75 Filing Fee & Certified Copy                       | ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy |  |
| Mailing Address: Amendment Section Division of Corporations | Street Address: Amendment Section Division of Corporations   |  |
| P.O. Box 6327<br>Tallahassee, Florida 32314                 | 409 E. Gaines Street<br>Tallahassee, Florida 32399           |  |

## ARTICLES OF CORRECTION

FILED

for

03 MAY -2 PM 1:07

| CNK SERVICES, INC.   | elimina in 19 8 soli P. P.A. |
|--|------------------------------|
| Name of Corporation as currently filed with the Floridz Dept. of State   | LLAHASSEE. FLOR              |
| P03000045449   |                              |
| Document Number (if known)   | <del></del>                  |
| Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this these Articles of Correction. |                              |
| These articles of correction correct ELECTRONIC ARTICLES OF INCORI   | PORATIO ,                    |
| filed with the Department of State on  | ÷                            |
| Specify the incorrect statement and reason it is incorrect or the manner in which defective:                     | the execution was            |
| THE NAME OF THE COMPANY WAS MISPELLED WHEN IT WAS IN   | IPUT.                        |
|  | **                           |
|  |                              |
|  |                              |
| <del></del>  |                              |
|  |                              |
| <del></del>  |                              |
| Correct the incorrect statement or defective execution:  |                              |
| THE NAME OF THE CORPORATION SHOULD BE:   |                              |
| CMK SERVICES, INC.   |                              |
|  | <del></del> .                |
|  | <del></del>                  |
|  |                              |
|  |                              |
| Laterna Tsaknati   |                              |
| Signature of the Chairman or Vice Chairman of the Board of Directors, any incorporator, if applicable.           | officer, or an               |
| KATERINA TSAKNAKI DIRECTO  | )R                           |

Filing Fee: \$35.00

Typed or printed name of signee