

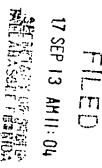
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SEP 14 2017

COVER LETTER

TO: Amendment Section Division of Corpo		
NAME OF CORPOR	ATION: Res	taurant HVAC Specialty, In
DOCUMENT NUMB	er: <u>K 7</u>	8308
The enclosed Articles of	of Amendment and fee ar	e submitted for filing.
Please return all corres	pondence concerning this	matter to the following:
	ROB	BERT W. YOHO JR.
-		Name of Contact Person
	RESTAURA	Name of Contact Person NT HVAC SPECIALTY, INC
-		Firm/ Company
	2045 B	ROAD STREET
•		Address
	BROOKSU	ILLE, FL 34604
•		City/ State and Zip Code
	bobby	City/ State and Zip Code CHAVACS. COM
·	E-mail address: (to l	be used for future annual report notification)
For further information	n concerning this matter,	please call:
ROBERT	W. YOHO J	R. at (352) 544-1100
	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check fo	r the following amount m	 ade payable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filling Fee Certificate of Stat	II = 14 44.
	iling Address	Street Address
- ***	endment Section	Amendment Section Division of Corporations
	ision of Corporations . Box 6327	Clifton Building
	lahassee, FL 32314	2661 Executive Center Circle
	*	Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

FILED

17 SEP 13 AH 11: 04

RESTAURANT HVAC SPECIALTY, MENTER PROBLEM	RESTAURANT	YVAC SPEC	LIALTY THE MENT TO SAIL
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	, , , , , , , , , , , , , , , , , ,		AMERICANA SHIPE FIRESPICA
(Name of C	orporation as currently f	iled with the Florida D	ept. of State)
	478308		
	(Document Number of C	orporation (if known)	
	`	•	
Pursuant to the provisions of section 607.100	6, Florida Statutes, this Flo	orida Profit Corporation	adopts the following amendment(s) to
its Articles of Incorporation:			
A. If amending name, enter the new name			
YOHO CONSUL	HING . IN	C.	The new
name must be distinguishable and contain	the word "corporation,"	"company," or "inco	rporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation	on "Corp," "Inc," or "Co	". A professional corp	poration name must contain the
word "chartered," "professional association	," or the abbreviation "P	4."	
B. Enter new principal office address, if a	 policable:	N/A	
(Principal office address MUST BE A STR	EET ADDRESS)		
]]		
C. Enter new mailing address, if applicat	olei	N/A	
(Mailing address MAY BE A POST OF	FICE BOX)		
D. If amending the registered agent and/o	r registered office addres	s in Florida, enter the	name of the
new registered agent and/or the new r	egistered office address:		
Name of New Registered Agent	W/A		
1,000	1		
 -	(Florida stree.		
	(Piorial stree	adaress)	
New Registered Office Address:	WA		, Florida
	' (0	lity)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere		th and assent the obline	tions of the position
t nereby accept the appointment as registere		n unu uccept the ootigu	tions of the position.
	W/A		
	Signature of New Res	sistered Agent, if changi	ng
		,	

Please note the officer/dir	ector title	e by the first le	etter of the office title:	a al . al ano al . d
P = President; V= Vice I	President	; T= Treasure	ir; S= Secretary; D= Director; TR= Trus	stee; C = Chairman or Clerk; CEO = Chief
				in one title, list the first letter of each office
held. President, Treasures	, Directo	r would be P	ID.	T1Mile Issue is listed as the W. Thomasia
Changes should be noted	in the fol	lowing manne	er. Currently John Doe is listed as the PS	T and Mike Jones is listed as the V. There is
a change, Mike Jones lea	ves the co	orporation, Sa	uty Smith is namea the V and S. These sho	ould be noted as John Doe, PT as a Change.
Mike Jones, V as Remove,	and Sail	y Smith, SV a	s an Ada. 	
Example:	DT	Taba Dan	1	/
X_Change	PI	John Doc		V/A /
V D	v	Adilon forces	/	V/AU/
X Remove	Y	Mike Jones		/ ' /
V 4.1.1	CV	Calle, Casish		<i>V</i>
X Add	<u>sv</u>	Sally Smith		₩
Tong of Antion	Tiele	No	<u></u>	Address
Type of Action	Title	<u>Nai</u>	<u> </u>	<u>virtices</u>
(Check One)				
1) Change				
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		11		
5) Change		_ #		
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Remove				
		11		
6) Change		- #		
Add				
*				
Remove				

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)

amending or adding additional Articlettach additional sheets, if necessary).	(Be specific)
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	///A
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_ :=	
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an amendment provides for an excha	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A

	/ / / / / / / / / / / / / / / / / / /
	
<u>—</u> :	
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The date of each amendment(s) adoption:date this document was signed.	9/06/17	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will state's records.	not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	hareholders. The number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amen	 dment(s) was/were sufficient for approval 	
by	ng group)	
	coard of directors without shareholder action and shareholder)
The amendment(s) was/were adopted by the action was not required.	 incorporators without shareholder action and shareholder 	
Dated 9/6/1		
(By a director, presi	dent or other officer – if directors or officers have not been reporator – if in the hands of a receiver, trustee, or other court	_
appointed fiduciary	by that fiduciary)	
	ROBERT W. YOHO JR.	
	Typed or printed name of person signing) PRESIDENT / DIRECTOR	
	(Title of person signing)	