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### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Commercial Universal Kirthen Specialisis Carp
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jahavra R. Turver.  Name of Contact Person  Commercial Universal Kirchen Specialists Coff  Firm/Company
Name of Contact Person
Commercial Oriversal Kirchen Specialists Coff
Firm/ Company
1014 N' Forrest Aul  Address  Kissininee El 34761  City/ State and Zip Code
Address
Kissininee El 34741
City/ State and Zip Code
Chio Gi Q act com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
716: PT (42 592-7/23
Mame of Contact Person  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  Certificate of Status  Certified Copy  (Additional copy is enclosed)  Certified Copy  (Additional Copy is enclosed)  Certified Copy  (Additional Copy is enclosed)

## **Mailing Address**

TO: Amendment Section

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

### **Street Address**

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



March 5, 2015

YAHARA R TURNER 1014 N FORREST AVE KISSIMMEE, FL 34741

SUBJECT: COMMERCIAL UNIVERSAL KITCHEN SPECIALISTS, INC.

Ref. Number: P04000114999

We have received your document for COMMERCIAL UNIVERSAL KITCHEN SPECIALISTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please write the name of the corporation on the top of page one of the articles of amendment.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 315A00004602

# COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Commercial Universal Kerthen Specialists Car)
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Canlos Lios
Name of Contact Person
Comparcial Oriversal Riviles Specialists Coff
Firm/ Company
1014 N' Forrest Auc
City/ State and Zip Code
City/ State and Zip Code
Chios 61 Q aut com
E-mail address: (to be used for future annual report notification)
,
For further information concerning this matter, please call:
ساري و من
Name of Contact herson Area Code & Daytime Telephone Number
Name of Contact Ferson Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
Division of Corporations  P.O. Box 6327  Division of Corporations  Clifton Building
Tallahassec, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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with the Florida Dept. of State)	Spec	IACL	A16.33	" = 1.51 E
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Po 4000 114 999
(Document Number of Corporation (if known)

to

Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
WA	_
name must be distinguishable and contain the word "corporation," Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword" chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address. if applicable: (Principal office address MUST BE A STREET ADDRESS)	1014 N. ForresTAVE
	1014 N. Forres[Ave Kuss. Fl 34741
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	P. O BOX 421984 KISSIMMER ET 34742
	KISSIAIME ET 34742
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the
9014 N. Force (Florida stree	est Ave.
New Registered Office Address: KISTALALE (City)	Florida Florida 3474/
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and add-ess of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vica President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doc	
X Remove	V Mike Jones	1
X Add	SV Sally Smith	change address;
Type of Action (Check One)  1) Change Add Remove	Pt Capelos Rin	Address 1014 N. Forrest Aug.
2) Change Add Remove	Sec yadara f. wr	1014 N Forres & ALL KLSS. El 34741
Change Add Remove		
4) Change Add Remove	N/A	
5) Change Add Remove	NLA	
6) Change Add Remove	W/A	

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Carlos	<del></del>	N/A 51%, 49%,	,		
Coralos	Flas	3///			
<u>Diana</u>	Kios	49%			
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amendment provides	for an exchange, i	reclassification. or	cancellation of	issued shares.	
visions for implementi (if not applicable, indic	ng the amendmen	t if not contained i	n the amendme	nt itself:	
(y nor appricaore, mare	· ·	NA			
·					

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: Feb- 26 - 2015	
Effective date if applicable:  Eeb- 26- 20 (5 (no more than 90 days after amendment file date)	
	•
Adoption of Amendment(s) (CHECK ONE)	
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 N (A	•
by DA (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.	
Dated Feb-26-2015	
Signature (By addirector, president or other officer airectors 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)	
(Typed or printed name of person signing)	<u>·</u>
Pros, dans	
(Title of person signing)	