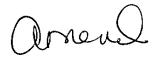
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APR 05 2016 A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Commercial Unive	ersal Kitchen Specialists, In	с.
DOCUMENT NUM	MBER: 59-8013134466-8		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Carlos Rios		
	-	Name of Contact Person	1
	Commercial Universal Kitch	en Specialists, Inc.	
•		Firm/ Company	
	1014 N. Forrest Avenue		
		Address	
	Kissimmee, FL 34742		
		City/ State and Zip Code	2
crie	os61@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
Carlos Rios		at (407	508-5164
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Commercial Universal Kitchen Specialists, Inc.		16 APR - 4 PM 4:	26
(Name of Corporation a	is currently filed with th		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit	Corporation adopts the following a	mendment(s)
A. If amending name, enter the new name of the corpo	ration:		
			he new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	Inc," or "Co". A profe		
B. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered offi		, enter the name of the	
Name of New Registered Agent		· · · · · · · · · · · · · · · · · · ·	
	(Florida street address)		
		. Florida	
New Registered Office Address:	(City)	, Florida(Zip Cod	de)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent:	t the obligations of the position.	
Signatur	re of New Registered Ager	nt. if changing	

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)

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

P = President; V = Vice 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	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Diana Rios	2328 Haley Ct.
Add			Kissimmee, FL 34741
X Remove			
2) Change	S	Carlos Rios	1014 N. Forrest Avenue
X Add			Kissimmee, FL 34741
Remove			
3) Change	<u>S</u>	Diana Rios	2328 Haley Ct.
Add			Kissimmee, FL 34741
X Remove			
4) Change	S	Carlos Rios	1014 N. Forrest Avenue
X Add			Kissimmee, FL 34741
Remove			
5) Change	P	Josue J. Rios	1014 N. Forrest AUC
Add			Kassinnee, Fl 34741
* Remove			
6) Change	<u> </u>	JUAN C. Pios	1014 N. Forrest Auc
<u></u> ⊁_ Add			Kissimmee, Fl 34741
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
Common shares shall be issued as follows: Josue J. Rios shall hold 51% of the common shares. Carlos Rios shall hold the		
remaining 49% of the common shares.		
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A)		

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	1 = 0016	
Mar Effective date <u>if applicable</u> :	ch 7, 2016	
Elicente date <u>il applicable</u> .	(no more than 90 days after amendment file date,)
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ame fficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	, , , ,	
, —	(voting group)	
action was not required.	opted by the board of directors without shareholder action and so	
	1	
Dated 3-	- yld-16 J	
Signature ⊀	Mar / Min	
	ector, president/or other officer - if directors or officers have	not been
	d, by an incorporator - if in the hands of a receiver, trustee, or o	other court
appoint	ted fiduciary by that fiduciary)	
/	Josue J. Ria	
•	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	