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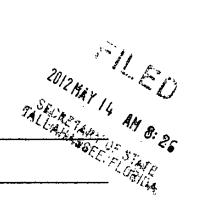
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Food Service Solution, Inc.						
DOCUMENT NUMBER: P12000028907						
The enclosed Articles	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corres	pondence concerning this mat	ter to the following:				
	Humberto E. Ruiz	z, E.A.				
	Name of Contact Person					
	Ruiz & Company					
		Firm/ Company				
	2385 Executive C		e 100			
	D D-4 EL 0	Address				
	Boca Raton, FL 3					
		City/ State and Zip Code				
hrui	iz1040@bellsouth	.net				
	E-mail address: (to be us	ed for future annual report r	otification)			
For further information concerning this matter, please call:						
Humberto E.	Ruiz	at (561	, 443-7191			
Name of Contact Person			e & Daytime Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florida Depar	tment of State:			
\$35 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		Division Clifton I 2661 Ex	Address nent Section of Corporations Building ecutive Center Circle see, FL 32301			

Articles of Amendment Articles of Incorporation



Food Service Solution, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000028907

ent(s) to

(Document Number of Corporation (if known)	*/44
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> addits Articles of Incorporation:	opts the following amendment
A. If amending name, enter the new name of the corporation:	
	The nev
name must be distinguishable and contain the word "corporation," "company," or "incorpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporat word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	e of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida,	
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations	of the position.
Signature of New Pagistared 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 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: XChange	PT	John Doe	•
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	David Quintana	1756 N. Honore Avenue
X Add Remove			Seresote, FL 34235
2) Change Add			
Remove	•		
3) Change Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add Remove			
			
6) Change Add		-	
Add Remove			
			· · · · · · · · · · · · · · · · · · ·

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)

If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and adment if not contained in the amendment itself:
	·

The date of each amendment(s) adoption: 04/27/2012 Effective date if applicable:				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.			
	proved by the shareholders through voting groups. The following statement 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				
	(voting group)			
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were ado action was not required.	opted by the incorporators without shareholder action and shareholder			
Dated April 2	7,2012			
Signature	Span De D			
	by an incorporator - if in the hands of a receiver, trustee, or other court			
	ted fiduciary by that fiduciary)			
	Hairo A. Santos			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			