P13000094887

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
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SLURENARY OF STATE
SLURENARY OF FLORID

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JUL 3 0 2015 D CONNELL

COVER LETTER

NAME OF CORPORATION: ROYAL QUIPMENT AND DIVIDS BY DOCUMENT NUMBER: P130000 94887
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: Total Person
For further information concerning this matter, please call: The Payar at (200) 1004-80-8 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) \$35 Filing Fee Certificate of Status \$35 Filing Fee Certified Copy (Certificate of Status Certified Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

Division of Corporations

Mailing Address
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

Articles of Amendment

Articles of Incorporation

Found Cournment and Revuices Cour
(Name of Corporation as currently filed with the Florida Dept. of State)
D13000094887
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Payos Restaurant Equipment and Sevuices Orogine new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the 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) Lialeah, H. 33013
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1005 East 33 St
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent Name of New Registered Agent N A A A A A A A A A
New Registered Office Address: (Florida street address) (Florida street address) (City) Florida Florida Florida
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 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 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: \underline{X} Change	PT	<u>John Doe</u>	
X Remove	$\overline{\Lambda}$	Mike Jones	
X Add	<u>sv</u>	Safly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		- MIA	N/A
Add		•	
Remove			
2) Change	***************************************	NIA	NIA
Add			
Remove			
3) Change		- NIA	NIA
Add			
Remove			
4) Change		NIA	NIA.
Add			**************************************
Remove			p. p
5/ Change		NIA	NA
Add			
Remove		·	
6) Change	V-12-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	NIA	NIA
Remove			

E. If amending or ac	lding additional Artic sheets, if necessary).	eles, enter change(s	<u>) here</u> :		
	$\bigvee I \mathcal{A}$	ibe specific,	•		
/	VIA				
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F. If an amendment	provides for an excha-	nge, reclassificatio	n, or cancellation o	f issued shares,	
if not applied	plementing the ameno able, indicate N/A)	dment if not contain	ined in the amendm	ent itself:	
x//	(A)				
	4	· · · · · · · · · · · · · · · · · · ·			
			-		

The date of each amendment(s) add	intion	$\supset / \supset 2$	12015		, , 11	f other than the
date this document was signed.	pption:		1 9013		, "	omer than the
Effective date if applicable:		7/23/	2015	,		Provide the Articles
•	· (no mo	ore than 90 days aft	er amendment file ((late)		
Note: If the date inserted in this blo document's effective date on the Dep			ntory filing require	ments, this date	e will not	be listed as the
Adoption of Amendment(s)	(<u>CHECK O</u>	<u>NE</u>)				
The amendment(s) was/were adop by the shareholders was/were suff	ted by the sharehol leient for approval	lders. The number of	of votes east for the	amendment(s))	
☐ The amendment(s) was/were appr must be separately provided for e					if .	
"The number of votes cast for	or the amendment(s	s) was/were sufficie	nt for approval			
hy						
	(voting gro	(p)				
☐ The amendment(s) was/were adoptaction was not required.	ited by the board of	f directors without s	hareholder action a	and shareholder	-	
☐ The amendment(s) was/were adoptaction was not required.	ited by the incorpor	rators without share	holder action and s	harcholder		
Dated	7/23	2106/				
Signature	Sef.					
(By a (i)/		other officer – if di r – if in the hands o				
	d fiduciary by that		ra receiver, trustee	, or other court		
	~	arge:	70111			
-	(Typed o	or printed name of p	person signing)	<u></u>		
		1)	ish. I			

(Title of person signing)