140000 70100

(Requestor's Name)					
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
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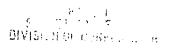
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Certified Restauran	t Services Inc			
DOCUMENT NUMBI					
The enclosed Articles o	f Amendment and fee are sul	omitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
Ī	Rachit Lopez	•			
_		Name of Contact Person			
(Certified Restaurant Services	Inc			
<u>-</u>					
		Firm/ Company			
2	2740 Abbey Grove Dr				
-		Address			
•	Valrico, FI 33594				
_		City/ State and Zip Code			
For further information	E-mail address: (to be us concerning this matter, pleas	ed for future annual report	notification)		
Rachit Lopez		at ()		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Amer Divis P.O.	ing Address Indment Section Indicate the section of Corporations Indicate the section of Corporations Indicate the section of the section of Corporation of	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 NOV 19 PM 1: 25

	of		
Certified Restaurant Services, Inc.			

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P14000070100	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	The new
	d "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	
I hereby accept the appointment as registered agent. I	l am familiar with and accept the obligations of the position.
Signo	nture 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: X Change	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Nam</u>	<u>e</u>		Address
1) Change	P	Shei	ila Lopez		2740 Abbey Grove Dr
Add					Valrico, Fl 33594
X Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add	•				
Remove					
5) Change					
Add	,	_			
Remove					
6) Change					
Add					
Remove					

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment usen.

	November 3, 2015		· ·	,
The date of each amendment	(s) adoption:		Nico	, if other than the
date this document was signed			minimize (1)	Saint Comment
_	November 3, 2015			
Effective date if applicable:			12 MUN 10	PM 1: 25
	(no more than 9	90 days after amendment file date)		1. 23
	this block does not meet the appli- he Department of State's records.	cable statutory filing requirements	s, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The ere sufficient for approval.	e number of votes cast for the amer	ndment(s)	
	re approved by the shareholders threed for each voting group entitled to			
	s cast for the amendment(s) was/we	• •		
by		••		
· · · · · · · · · · · · · · · · · · ·	(voling group)			
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors	s without shareholder action and sh	areholder	
☐ The amendment(s) was/wer	re adopted by the incorporators with	hout shareholder action and shareh	older	
action was not required.	t i	nout shareholder action and shareh	Oldo!	
	1 1			
B4 11	13/2015)		
Dated	10/2010	 /		
Signature	, ,			
(E	By a firector, president or other offi	icer – if directors or officers have n	iot been	
	elected, by an incorporator - if in the		ther court	
ap	ppointed fiduciary by that fiduciary)		
	Rachit Michael Lopez			
	(Typed or printed	name of person signing)		
	coo			
	PTitla	of person signing)		