(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
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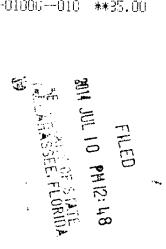
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1/25/14

COVER LETTER

TO: Amendment Section

Division of Corporations Noothepic Solutions Inc. NAME OF CORPORATION: P13000014178 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James D'Andrea

Name of Contact Person 7622 Lake Marsha Drive E-mail address: (to be need for future annual report notification) For further information concerning this matter, please call: Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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Nootropic Solutions Inc.	2014 JUL TO THE
(Name of Corporation as currently filed with the Florida Dept. of State)	- oc - id of FI ORIDA
P13000014178	STATE OF STATE
(Document Number of Corporation (if known)	7.9
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> s Articles of Incorporation:	ation adopts the following amendment(s)
. If amending name, enter the new name of the corporation:	
Lakeside Commerce Inc.	The new
ame must be distinguishable and contain the word "corporation," "company," or 'Corp.," "Inc.," or 'Co". A professional ord "chartered," "professional association," or the abbreviation "P.A."	'incorporated" or the abbreviation
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	

. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Maning address MAT DE ATOST OFFICE BOX)	
•	
. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:	the name of the
···	
Name of New Registered Agent	
(Florida street address)	
N. B. J. 1000 J. J.	Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:	
nereby accept the appointment as registered agent. I am familiar with and accept the obj	igations 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: 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	Name	<u>Addres</u> s
1) Change			
Add		-	
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u>.</u>		
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change			
Add			
Remove			

ttach additional s	ding additional Art sheets, if necessary).	(Be specific)			
					
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an amendment	provides for an exc	hange, reclassii	ication, or cancel	llation of issued sh	iar <u>es,</u>
GC not applie	nplementing the amable, indicate N/A)	enament ir not	contained in the 2	imenument itsett:	
(у погарриса	goie, indicate WA)				
					
		<u></u>			
	-				
					_ .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (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" (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	
Signature	
(By a director, president or other officer – if directors 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)	
James D'Adrea (Typed or printed name of person signing)	
President (Title of person signing)	