## P13000059701

(Re	equestor's Name)	
(Ad	ldress)	<del> </del>
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(Cit	ty/State/Zip/Phone	e #)
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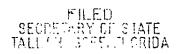
T. CARTER

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: The Good DOCUMENT NUMBER: P130000597		nection Inc		
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
Silvana Paola N	Martinotti			
	Name of Contact Persor	1		
4400144 440	Firm/ Company			
4400 West 16 A	<u> </u>			
Liberah El 224	Address			
Hialeah, FL 330				
	City/ State and Zip Code	<b>;</b>		
paola_martinotti@	hotmail.com			
E-mail address: (to be use	ed for future annual report	notification)		
For further information concerning this matter, please call:				
Silvana Paola Martinotti at (305 ) 609-6238				
		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 & 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 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation



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## The Good Source Connection, Inc.

P13000059701	Piorida Dept. of State)
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4400 West 16 Ave
(Principal office address MUST BE A STREET ADDRESS)	Apt 235
	Hialeah, FL 33012
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4400 West 16 Ave
· •	Apt 235
	Hialeah, FL 33012

Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	<del></del>	(Zip Code)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered of fice address:

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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Alexis Lorenzo	4400 West 16 Ave
Add			Apt 235
Remove			Hialeah, FL 33012
2) Change			
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change	<del>.</del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	_	
<u> </u>	<del></del>		
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			<del></del>
If an amendment provides for an exch	ange, reclassification, o	r cancellation of issued	shares,
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained	in the amendment itsel	<u>f:</u>
(y nor appricable, maleate 1911)			
	<del></del>		<del></del>
			<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 01/07/2014	
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)	_
Silvana Paola Martinotti	
(Typed or printed name of person signing)	<del>_</del>
President	_
(Title of person signing)	