P13000099458

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CATCH YOU	r inspiration	inc.
DOCUMENT NUMBI	er: <u>P13000099</u> 4	150	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
_	E. MOON LY	ndn	
	9	Name of Contact Perso	n
_		Firm/ Company	
_	Ct.		
_	1764 Sancti Naples, FL	Address 3411D	
 -		City/ State and Zip Cod Spl V Clep · Wol sed for future annual report	M
For further information	concerning this matter, pleas	se call:	
megan	Lynch	at (23 °)	260-1425
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Street	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 to Articles of Incorporation of

_ catch your Inspiration in	C ·			
(Name of Corporation as currently filed with the I	Florida Dept. of State)			
P13000099456				
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation	adopts the following	g amer	ndment(s) to
A. If amending name, enter the new name of the corporation: BUINSPINGE EVENT PLANNING	a.Inc.		Œ!	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorp "Co". A professional corpo		brevi	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A			
) = 3L ² 1	14	
			پ	· .
C. Enter new mailing address, if applicable:	N/A		JAN 2	<u> </u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	1971	1.00 mg/s	2	רד'
			₹	D
)		
D. To	I Florida ententha sa	of the	တို	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		ime of the		
Name of New Registered Agent		_		
(Florida st	treet address)			
New Registered Office Address:	, Florid			
(City	⁾)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligatio	ons of the position.		
Signature of New Registered	Agent, if changing	_		

If amending the Officer address of each Officer	s and/or and/or F	Director Director b	s, enter the title and name of each officer	r/director being removed and title, name, and		
(Attach additional sheets,	if necess	sary)	Amg added.			
Please note the officer/di	rector titl	le by the f	first letter of the office title:			
P = President; V = Vice	President	t; T≈ Tre	asurer; S= Secretary; D= Director; TR= 7	Trustee; C = Chairman or Clerk; CEO = Chief		
Executive Officer; CFO	= Chief i	Financial	Officer. If an officer/director holds more	than one title, list the first letter of each office		
held. President, Treasure	r, Directo	or would	be PTD.	-		
Changes should be noted	in the fo	llowing n	nanner. Currently John Doe is listed as the	PST and Mike Jones is listed as the V. There is		
a change, Mike Jones lea	ves the c	orporatio	on, 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 Sal	ly Smith,	SV as an Add.			
Example: X Change	рт	Labor Do				
A Change	PT	<u>John Do</u>	<u>oe</u>			
X Remove	<u>V</u>	Mike Jo	<u>ones</u>			
_X Add	<u>sv</u>	Sally Sr	Sally Smith			
Type of Action	Title		Name	Address		
(Check One)						
1) Change						
Add						
Remove						
LI Kemove						
2) Change						
Add						
<u> </u>						
Remove						
3) Change		-				
Add						
Remove						
						
4) L Change		_				
Add						
D						
Remove						
5) Change						
		_				
Add						
一						
Remove						
G Charrie						
6) Change		-				
Add						
Remove						

If amending or adding additional An (Attach additional sheets, if necessary)). (Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
If an amandment provides for an ev	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the an	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	l
VA	

The date of each amendment(s) adoption:	, if other than
date this document was signed. Effective date if applicable: JANIMN 15, 2014	
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)	
(voing 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 January 19, 2014	
Signature (By a director, president of 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)	
(Typed or printed name of person signing)	
Chief Financial Officer (Title of person signing)	

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