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(((H17000002925 3)))



H170000029253ABC-

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THE NAME SOURCE CORP	₹3

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January 5, 2017

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE NAME SOURCE, CORP. 11001 N BAYSHORE DR MIAMI, FL 33154

SUBJECT: THE NAME SOURCE, CORP.

REF: P16000096381

We have received your document for THE NAME SOURCE, CORP. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The conflict is 477607.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H17000002925 Letter Number: 717A00000216

FILED

Articles of Amendment to
Articles of Incorporation
of

2017 JAN 12 A 9 31

THE NAME SOURCE, CORP.		ECRETARY SES
	tion as currently filed with the Florida Dept, of	HEAHASSEE, ME
P16000096381		<u> </u>
(Document)	ment Number of Corporation (if known)	•
Pursuant to the provisions of section 607.1006, Florid ts Articles of incorporation:	ia Statules, this Florida Profit Corporation adopts t	he following amondment(
s. If amending game, enter the new name of the c	orporation:	
SOURCE BY KATIE, CORP.		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A professional corporation n cabbreviation "P.A."	or the abbreviation ame must contain the
i. <u>Enter new principal office address, if applicabl</u> Principal office address <u>MUST BB A STREET ADi</u>		<u></u>
	•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
,		
If amending the registered agent and/or registered agent and/or registered agent and/or the new registered		he
	onice address.	
Name of New Registered Agent		
<u></u>	(Florida strees address)	
New Registered Office Address:	, Floric	ia
	(City)	(Zip Code)
•		
ew Registered Agent's Signature, if changing Reg	ristored Agent:	
hereby accept the appointment as registered agent,	I am familiar with and accept the obligations of the	position,
Cina	atima of Main Domissowad downs 15 handles	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, usme, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first latter 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	PT	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sy</u>	Sally Smith	•
Tyne of Action (Check One)	Tida	Name	Address
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
			,
4) Change			
Add			**
Remove			
5) Chango			
Add			
Remove			<u> </u>
		•	
5) Change			
Add			
Remove			 .

Page 2 of 4

if granding or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
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**************************************	· · · · · · · · · · · · · · · · · · ·
<u>f an amendment provides for an exchange, reclassification, or cancellation of issue</u> provisions for implementing the <u>amendment if not contained in the amendment its</u>	d shores,
provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate NA)	
(ij noi appiicaole, inalcale NA)	
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	01/01/2017	
The date of each amendment(s)	adoption:	if other than the
date this document was signed.	(8) 100-0	
Effective date if applicable:	/01/2017	
Ellestive date a applicable	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	. block does not meet the applicable statutory filling requirements, this date wo	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each writing group entitled to vote separately on the omendment(s):	
"The number of votes ca	at for the amendment(a) was/were sufficient for approval	
by	, , , , , , , ,	
· • · · · · · · · · · · · · · · · · · ·	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(a) was/were as action was not required.	dopted by the incorporators without shareholder action and shareholder	
01/01/20 Dated	10-	
Signature	VITI 14 RES	
(By a	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator - If in the hands of a receiver, trustee, or other court	
appoi	nted fiduciary by that fiduciary)	
	KATTE RIGUZZI	
	(Typod or printed name of person signing)	
	president	
	(fille of person siming)	