P05000127727

(Re	questor's Name)	
, (Ad	dress)	•
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· .(Bu	siness Entity Nai	me)
· (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300158872323

07/29/09--01003--005 **35.00



Meuro 9 8,20,09

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION:	All Interior Innovation, I	nc.	
DOCUMENT NU	MBER:	PO5000127727		
The enclosed Article	les of Amendment and fee a	re submitted for filing.		
Please return all co	rrespondence concerning thi	s matter to the following:		
_		Tina L. Reko		
	N	ame of Contact Person		
-	All In	terior Innovation, Inc.		
		Firm/ Company		
· -		P.O. Box 774 Address		
		71441033		
-		roveland, Fl. 34736 ity/ State and Zip Code		
		otin@aol.com		
	E-mail address: (to be use	d for future annual report notification)		
For further informa	tion concerning this matter,	please call:		
	Tina L. Reko	at (407) 9 Area Code & Daytime Te	47 7042	
Name of Contact Person		Area Code & Daytime Te	lephone Number	
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	rtment 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 Ad Amendmen Division of P.O. Box 63	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2009

TINA L. REKO
ALL INTERIOR INNOVATION INC.
P. O. BOX 774
GROVELAND, FL 34736

SUBJECT: ALL INTERIOR INNOVATION INC.

Ref. Number: P05000127727

We have received your document for ALL INTERIOR INNOVATION INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Your document is being returned as requested.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 609A00026407

RECEINFO 2009 AUG 20 AM 8: 00 SECRETARY OF STATE TALLAHASSEE. FLORIOT

Articles of Amendment to **Articles of Incorporation**

FILED 09 AUG 20 PM 1:57

All Interior Innovation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FLORIDA

J3000121121		
umber of Corporation (if known	own)	
006, Florida Statutes, this <i>F</i>	lorida Profit Corporation ado	ots the follo
of the corporation:		
Innovations, Inc.	·	_The new
the designation "Corp," "Inc	c," or "Co". A professional c	
pplicable: No Ch EET ADDRESS)	ange	-
ole: FICE BOX) No Cha	inge	-
egistered office address:	n Florida, enter the name of t	- - <u>he</u>
	address)	
	, Florida	
(City)	(Zip Code)	
		position.
	umber of Corporation (if known of the corporation: In Innovations, Inc. In the word "corporation," the designation "Corp," "Incorporation," or pplicable: No Change No Change No Change (City) In Innovations, Inc. No Change (City) In Innovations, Inc. In the word "corporation," or "Incorporation," or "Incorporation,	umber of Corporation (if known) 006, Florida Statutes, this Florida Profit Corporation adoption of the corporation: In Innovations, Inc. In the word "corporation," "company," or "incorporate the designation "Corp," "Inc," or "Co". A professional corofessional association," or the abbreviation "P.A." pplicable: No Change FICE BOX) No Change No Change No Change No Change No Change (Florida street address) Florida (City) Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		
		_	
	N/A		
 			
	N/A		———— □ Add
			☐ Remove

		rticles, enter change(s) here:	
(attach	additional sheets, if necessary,). (Be specific)	
N/A			
F. If an a	mendment provides for an e	xchange, reclassification, or cancella	tion of issued shares.
<u>provis</u>		nendment if not contained in the am	
N/A	пог иррницоге, тикие гул)		
19/7			
<u> </u>			

The date of each amendment	(s) adoption: July 27, 2009
	July 27, 2009 (date of adoption is required)
• •	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wee by the shareholders was/wee	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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
_{bv} Tina L. Reko	,"
-,	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_July,	27,2009
Signature(Melle president
	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court
	ointed fiduciary by that fiduciary)
	Tina L. Reko
	(Typed or printed name of person signing)
	President
	(Title of person signing)