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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: INNOVATE	D DESIGN SOLUTIONS	S, INC.			
DOCUMENT NU	MBER: P06000087135					
The enclosed Artic	les of Amendment and fee ar	e submitted for filing.				
Please return all co	rrespondence concerning this	matter to the following:				
مرد ا	vrence Swan					
Lavi		f Contact Person)				
	(Name of	Contact i Cison)				
. Ca	loosehatche Tax & Fi	nancial Services Inc				
	(Firm	n/ Company)	· · · · · · · · · · · · · · · · · · ·			
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S S Car	pe Coral Florida 33909					
90	(City/ Sta	ate and Zip Code)				
- :	ation concerning this matter, p	desse call:				
roi futurei informa	mon concerning this matter, p	Jiedse edit.				
Lawrence Swar	<u> </u>	at (<u>239</u>) <u>242-24</u>	02			
(Name of Contact Person)		(Area Code & Daytime	Telephone Number)			
Enclosed is a check	c for the following amount:					
\$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 Ac	•	Street Address				
Amendment Section		Amendment Section				
Division of	Corporations	Division of Corporations				
P.O. Box 6	327:	Clifton Building				
	e, FL 32314	2661 Executive Center Circle				
		Tallahassee FL 32301	Tallahassee, FL 32301			



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2006

LAWRENCE SWAN
CALOOSEHATCHE TAX & FINANCIAL SERVICES
1749 N.E. 10TH TERRACE
CAPE CORAL, FL 33909

SUBJECT: INNOVATED DESIGN SOLUTIONS, INC.

Ref. Number: P06000087135

We have received your document for INNOVATED DESIGN SOLUTIONS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

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

Thelma Lewis
Document Specialist Supervisor

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Letter Number: 706A00047717

Articles of Amendment to Articles of Incorporation of

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INNOVATED DESIGN SOLUTIONS, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

	P06000087135
	(Document number of corporation (if known)
	ant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> s the following amendment(s) to its Articles of Incorporation:
<u>NEW</u>	CORPORATE NAME (if changing):
INNO	OVATIVE DESIGN SOLUTIONS, of SW FI INC.
(Must o	contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") fessional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.
	NDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(strained and strained and stra
	(Attach additional pages if necessary)
If an a	amendment provides for exchange, reclassification, or cancellation of issued shares, provising the amendment if not contained in the amendment itself: (if not applicable, indicated)
	(continued)

The date of each amendment(s) adoption: 7/17/06
Effective date if applicable: 7/17/06
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were approved 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.
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)
Nicholas Hawryliak (Typed or printed name of person signing)
Company Secretary
(Title of person signing)

FILING FEE: \$35