

, (Re	equestor's Name)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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More A 910

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	. Innovations	Design	Group, I	nc.
	1100006968			
The enclosed Articles of Amen	dment and fee are sul	bmitted for fili	ng.	
Please return all correspondence	e concerning this mat	tter to the follo	wing:	
Matt	hew E. McFa	dden	•	×
		Name of Co	ontact Person	. 1
Inno	vations Desig	gn Group	, Inc.	•
		Firm/ C	Company	
860	North Orange	e Ave #3	53	
***************************************		Ad	dress	
Orla	ndo Florida 3	2801		
***************************************		City/ State	and Zip Code	
mmcfad	den@innova	tions-des	sign.com	1
	nail address: (to be us		•	
For further information concer	ning this matter, pleas	se call:		
Matthew E. McFa	dden	at (407	361-4463
Name of Conta	ct Person	,		e & Daytime Telephone Number
Enclosed is a check for the following	owing amount made p	payable to the	Florida Depar	tment of State:
_	43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified ((Additional enclosed)	Copy al copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad- Amendment Division of P.O. Box,63 Tallahassee,	Section Corporations 27		Division Clifton	Address nent Section n of Corporations Building tecutive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2012

MATTHEW E. MCFADDEN INNOVATIONS DESIGN GROUP, INC. 868 NORTH ORANGE AVENUE #353 ORLANDO, FL 32801

SUBJECT: INNOVATIONS DESIGN GROUP, INC.

Ref. Number: P11000069681

We have received your document for INNOVATIONS DESIGN GROUP, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 012A00016899

2012 JUN 29 AM 9: 19
SEFECTION CONTRACTOR

Articles of Amendment Articles of Incorporation of

nnovations	Design	Group,	Inc.
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P11000069681

·	Articles of	Amendment			
	;	to		The state of the s	-
1		incorporation of		2012 11	3/
nnovations Design Grou	_	01		2012 JUN 29 PM	Ψ.,
(Name of Corporation as		e Florida Dept, of	State)	AND ARY	4: B
P11000069681				OSEE FISTE	
(Docume	nt Number of Corporation	n (if known)		- COPIL	
rsuant to the provisions of section 607. Articles of Incorporation:	.1006, Florida Statutes, th	nis <i>Florida Profit C</i>	<i>Torporation</i> adop	ots the following amendmen	t(s)
If amending name, enter the new na	ame of the corporation:				
/a				The new	
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," o	r "Co". A profess n "P.A."	' or "incorpora ional corporatio	nted" or the abbreviation	
Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa Enter new principal office address, Principal office address <u>MUST BE A S</u>	nation "Corp," "Inc," on tion," or the abbreviation if applicable: ITREET ADDRESS)	r "Co". A profess	or "incorpora ional corporatio	nted" or the abbreviation	
Corp.," "Inc.," or Co.," or the design or d"chartered," "professional associate Enter new principal office address, Principal office address MUST BE A Section of the mailing address, if apple (Mailing address MAY BE A POST) If amending the registered agent and new registered agent and/or the new mailing and/or the new registered agent and/or the n	nation "Corp," "Inc," on the abbreviation if applicable: TREET ADDRESS) icable: OFFICE BOX) ind/or registered office and wregistered office addressed in the control of	n "P.A." n/a n/a ddress in Florida,	ional corporation	nted" or the abbreviation on name must contain the	
Corp.," "Inc.," or Co.," or the design or d"chartered," "professional associate Enter new principal office address, Principal office address MUST BE A Section of the mailing address, if apple (Mailing address MAY BE A POST). If amending the registered agent as	nation "Corp," "Inc," on the abbreviation if applicable: STREET ADDRESS) Significable: OFFICE BOX)	n "P.A." n/a n/a ddress in Florida,	ional corporation	nted" or the abbreviation on name must contain the	
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If amending the Officers and/or Directors	s, enter the title and name of each officer/di	rector being removed and title, name, and
address of each Officer and/or Director be	eing 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.

Example: 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>	<u>Name</u>	<u>Addres</u> s
1) <u>× Change</u> Add Remove	Р	Valla M. Hood	1416 LAKE ARIANA BLVD AUBURNDALE FL 33823
2) × Change Add	v	Matthew E. McFadden	860 North Orange Ave Apt 353 Orlando, Florida 32801
Remove 3) _x _ Change Add Remove	S	Peter J. Dykstra	14004 MYRTLEWOOD DR. ORLANDO FL 32832
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	(Be specific)
n/a	
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and the second of the second o	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s)	adoption: 5/30/2012
Effective date if applicable:	5/30/2012
mapping of the state of the sta	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
·	(voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated 6 26	2012
Signature ///	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)
	MATTHEW R MCFADDEN
	(Typed or printed name of person signing)
	Tridepte (Title of person signing)
	(Title of person signing)