# P1800035609

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100313291951

05/14/18--01012--018 \*\*35.00

SECRETARY OF STATE

C. GOLDEN MAY 1 5 2018

#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: \_\_\_\_ INSPIRATION DRAPERIES & DESIGN.COM, INC DOCUMENT NUMBER: P18000035609 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ROSA ESTELA MORALES** Name of Contact Person AXIOM ACCOUNTING, PA Firm/ Company 4951 TAMIAMI TRAIL NORTH SUITE 103 Address NAPLES, FL 34103 City/ State and Zip Code estelamorales07@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROSA ESTELA MORALES** Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

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 Articles of Incorporation** of

INSPIRATION DRAPERIES & DESIGN.COM, INC

## TALLAHASSE OF STATE (Name of Corporation as currently filed with the Florida Dept. of State)

P18000035609

ent(s) to

A. If amending name, enter the new name of the corporation:		
INSPIRATION DRAPERIES & DESIGN, INC		The way
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association." or the abbreviation	"Co". A professional c	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent		he name of the
(Florida	street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia		gations of the position.
Signature of Man	Registered Agent, if char	nging

### 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)

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>	Address
1) Change		N/A	 
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	 
Add			
Remove			
4) Change		N/A	 
Add			
Remove			
5)Change		N/A	 
Add			
Remove			
6) Change		N/A	
Add			 
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
lf an amendment provides for an evol	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
-	

The date of each amendment(s) adoption:	han the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	l as the
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)	
(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.	
Dated_5/9//8	
Signature X Silvania Rennie 4.	
(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)	
LILIANA ARRIETA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	