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Amend/CC (10,5/13/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Polynes	an Culture Association, Inc.
DOCUMENTNUMBER: <u>N030000098</u>	86
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	Tama Leao
	(Name of Contact Person)
Poly	nesian Culture Association, Inc.
	(Firm/ Company)
	4491 NW 19 th . St.
	(Address)
	Oakland Park , FL 33309
ż	(City/ State and Zip Code)
	tama@polynesianshow.com
	to be used for future annual report notification)
For further information concerning this matt	er, please call:
TAME LEAT (Name of Contact Person)	at (954 -) 938-9010 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
X \$35 Filing Fee ☐\$43.75 Fili Certificate	ng Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee of Status
Mailing Address	Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

i Culture	e Association, Inc.	•	
the Flori	ida Dept. of State)		
N03000	0009886		
		 _	
a Statutes,	this Florida Not For Profit Corpora	ation adopts the fol	lowing
rporatio	n;		
V/A			The new
·	•	viation "Corp." or	"Inc."
DRESS)	1N/A		
)X) .	_N/A		
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	Florida		
(City)	, i lorida _	(Zip Code)	
		of the position.	
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	the Flor N03000 er of Cor Statutes, rporation (/A corporation (RESS) ed office ad (City) istered A I am fam.	rporation: I/A corporation" or "incorporated" or the abbreviate above	the Florida Dept. of State) N0300009886 er of Corporation (if known) Statutes, this Florida Not For Profit Corporation adopts the fol reporation: I/A corporation" or "incorporated" or the abbreviation "Corp." or N/A RESS) ANA Red office address in Florida, enter the name of the office address: (Florida street address) (City) (Zip Code) istered Agent: I am familiar with and accept the obligations of the position. N/A

Page 1 of 4

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 X Remove X Add	PT John I V Mike SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) _ Change	_	N/A	
_ Add			
Remove			
2) Change			
2) Change	-		
_ Add			
_ Remove			
3) Change	-		
Add			
Remove			
4) Change			
-	-		
_ Add			
_ Remove			
5)Change			
_ Add			
Remove			
_ Komovo			
6) _ Change	-		
_ Add			
_ Remove			

A.	Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section $501(c)(3)$ of the Internal Revenue Code, or the corresponding section of any future federal tax code.
	
	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

	ate of each amendment(s is document was signed.) adoption:4/26/2014	, if other than the
Effecti	ive date <u>if applicable:</u>		
		(no more than 90 days after amendment file date)	
Adopt	ion of Amendment(s)	(CHECK ONE)	
	e amendment(s) was/were vere sufficient for approva	adopted by the members and the number of votes cast for the amendment(s).	
	There are no members or members or medopted by the board of dis	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
	Dated <u>4/28/20</u>	<u>914</u>	
	have no	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
		Tama Leao Tama Leae	o o
		(Typed or printed name of person signing)	
		President Tame Leso	
		(Title of person signing)	