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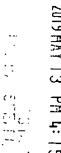
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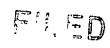
COVER LETTER

TO: Amendment Section Division of Corporations

Nuestro Lega	do Cultural Inc		
N1000000+150			
DOCUMENT NUMBER:			<u> </u>
The enclosed Articles of Amendment and fee	re submitted for filing.		
Please return all correspondence concerning th	s matter to the following:		
Francisco Javier Arboli			
	(Name of Contact Pe	erson)	
Nuestro Legado Cultural Inc			
	(Firm/ Company	·)	
6372 SW 28th ST			
	(Address)		
Miami Fl. 33155			
3111611	(City/ State and Zip (Code)	
contacto@arboli.us			
E-mail address: (to	be used for future annual rep	ort notification	1)
For further information concerning this matter	please call:		
Fraancisco J Arboli	at	305	283-8545
(Name of Contact			(Daytime Telephone Number)
Enclosed is a check for the following amount	nade payable to the Florida [Department of	State:
■ \$35 Filing Fee ■\$43.75 Filing Certificate of	Fee & \$\Bigsiz\$ \$\Bigsiz\$ \$\text{Status}\$ Certified Copy (Additional copy is enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is sed)
Mailing Address	Str	reet 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



Nuestro Legado Cultural Inc		2019 HAY 12 OU .
(Name of Corporation as o	currently filed with the Florid	2019 HAY 13 P計 4: 1 la Dept. of State)
NT0000004450		<u> </u>
(Document	Number of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
Nuestro Legado Hispano Inc		The new
name must be distinguishable and contain the word "co 'Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	()	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flor	ida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		re obligations of the position.
	Signature of New Register	red 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)

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; CEO = 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 D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			
2) Change Add Remove S) Change			
Add Remove 4) Change		<u></u>	
Add Remove 5) Change Add			
Remove 6) Change Add			
Remove		Page 2 of 4	

If amending or adding additional a attach additional sheets, if necessary	s). (Be specific)				
				=	

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he date of each amendment(s) ado	option:	, if other than the
ate this document was signed.		
05/10/ f Tective date <u>if applicable</u>:	/2019 	
	(no more than 90 days after amendment file date)	
iote: If the date inserted in this bloc ocument's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
doption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendmen	u(s)
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/wers.	e
Dated 05/10/2019		
Signature	(mix /m)	
have not beer	nan or vace chairman of the board, president or other officer-if directon selected, by an incorporator – if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary)	
Francisco	Javier Arboli	
	(Typed or printed name of person signing)	_
President		
	(Title of person signing)	_