

N 16 000006406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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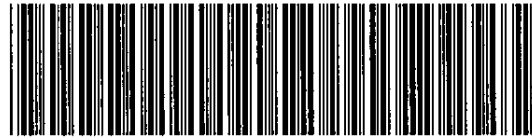
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PERU-INKA CULTURAL ASSOCIATION, INC.

DOCUMENT NUMBER: N16000006406

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raul F. Rios

(Name of Contact Person)

(Firm/ Company)

(Address)

2546 NW 92nd. Avenue, Coral Springs, FL 33065

(City/ State and Zip Code)

raulfríos@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raul Rios

954

918-2482

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|--|---|--|

Mailing Address

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
to
Articles of Incorporation
of

PERU-INKA" CULTURAL ASSOCIATION, INC

SECRETARY OF
DIVISION OF CORPORATIONS
2017 MAR 13 AM 11:30

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

N16000006406

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address: _____

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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.

| | | |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u> |
| <u>X</u> Remove | <u>V</u> | <u>Mike Jones</u> |
| <u>X</u> Add | <u>SV</u> | <u>Sally Smith</u> |

Type of Action
(Check One)

Title

Name

Address

| | | | |
|--|----------|-------------------------|--------------------------|
| 1) <input type="checkbox"/> Change | <u>S</u> | <u>Wilfredo W Ramos</u> | <u>7810 Trent Drive</u> |
| <input type="checkbox"/> Add | | | <u>Tamarac, FL 33321</u> |
| <input checked="" type="checkbox"/> Remove | | | <u></u> |

| | | | |
|------------------|----------|---------------------------|-------------------------------------|
| 2) <u>Change</u> | <u>S</u> | <u>Walter A. Polastry</u> | <u>3740 Inverrary Drive, Apt 2F</u> |
| <u>X</u> Add | | | <u>Lauderhill, FL 33319</u> |
| <u>Remove</u> | | | |

3) _____ Change _____
 _____ Add _____
 _____ Remove _____

4) _____ Change
_____ Add
Remove

5) Change _____

Add _____

Remove _____

6) Change _____

Add _____

Remove _____

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

Purpose:

"The organization is organized exclusively for charitable, religious, educational or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code."

Dissolution: Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within

the meaning of Section 501(c)(3) of the Internal Revenue Code, or shall be distributed to the federal government or to a State or local government, for a public purpose."

The date of each amendment(s) adoption: _____, if other than the date this document was signed.


Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 03/08/2017 _____

Signature  _____
(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)

RAUL F. RIOS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)