N17000005406

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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

TAMPA INTERN NAME OF CORPORATION:	IATIONAL FRINGE FI	ESTIVAL INC	
N17000005406 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are so			
Please return all correspondence concerning this ma	atter to the following:		
PATRICIA PERRY			
	(Name of Contact Pe	erson)	
	(Firm/ Company	·)	
2370 23RD ST			
	(Address)		
ASTORIA, NY 11105			
	(City/ State and Zip	Code)	
INFO@TAMPAFRINGE.ORG			
E-mail address: (to be u	sed for future annual rep	ort notification	1)
For further information concerning this matter, plea	ase call:		
PATRICIA PERRY	at	347	
(Name of Contact Pers	son)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida I	Department of	State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Statu	& =\$43.75 Filing Fee us Certified Copy (Additional copy i enclosed)	Certif s Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations	An	reet Address nendment Sections of Corne	

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

TAMPA INTERNATIONAL FRINGE FESTIVAL INC.

(Name of Corporation as current	y filed with the Florida Dept. of S	State)
N17000005406		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profit Corpo</i>	pration adopts the following
A. If amending name, enter the new name of the corporation	<u>on:</u>	The new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbr	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
-		SECRE LL AH
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	30 PM
-		5
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		me of the
Name of New Registered Agent:	N/A	<u></u>
New Registered Office Address:	(Florida street addr	ess)
-	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam		ns of the position.
Sig	enature of New Registered 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; 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: XChange X Remove Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PT	PATRICIA PERRY	2370 23RD ST
Add			ASTORIA, NY 11105
Remove			
2) X Change	<u>v</u>	WILLIAM R GLENN	4101 OHIO AVENUE
Add			TAMPA, FL 33616
Remove 3) X Change	S	NICOLE J SMITH	3006 W TRILBY AVENUE
3) A Change Add			TAMPA, FL 33611
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding a (attach additional sheets,	if necessary).	(Be specific)				
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		··				
						
				<u></u>		
· · · · · · · · · · · · · · · · · · ·					· <u>-</u>	
						.

The date of each amendment(s) adoption:, i			
lato	this document was signed.		
Effe	ective date <u>if applicable</u> :	NA	
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blo ument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
١d٥	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	
	There are no members or membadopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated MAY 24, 2	017	
	Signature		
		man or vice chairman of the board, president or other officer-if directors	
		en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	PATRIC	IA PERRY	MAY 3
		(Typed or printed name of person signing)	
	INCORE	PORATOR/PRESIDENT	
	AUL.	(Title of person signing)	3