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COVER LETTER

TO: Amendment Section Division of Corporations

Grupo Folklo NAME OF CORPORATION:	rico Mi Panama		·
N19000007545 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing		
Please return all correspondence concerning thi	s matter to the followi	ng:	
Maria R. McCoy			
	(Name of Cont	act Person)	
Grupo Folklorico Mi Panama			
	(Firm/ Cor	npany)	
1017 Delridge Ave.			
	(Addre	ess)	
Orlando, Florida 32804			
	(City/ State and	l Zip Code)	
n/a			
E-mail address: (to l	oe used for future annu	al report notificat	on)
For further information concerning this matter,	please call:		
Maria R. McCoy		614 at	632-0322
(Name of Contact	Person)) (Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Flo	rida Department o	of State:
\$35 Filing Fee \$\Bigs\\$43.75 Filing Certificate of \$	Fee & \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{	py Cer copy is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)
Mailing Address		Street Address	
Amendment Section		Amendment Se	

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

Grupo Folklorico Mi Panama, Inc.		2019 CT2 13 7411: 00	_
(Name of Corporation	as currently filed with t	he Florida Dept. of State)	}
N19000007545			
(Docur	nent Number of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida</i>	Not For Profit Corporation adopts the fo	llowing
A. If amending name, enter the new name of the	e corporation:		
N/A		7	he new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam			
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>) N/A		
			
D. If amending the registered agent and/or regi	stered office address in F	lorida, enter the name of the	
new registered agent and/or the new register	red office address:		
Name of New Registered Agent:	N/A	***	
New Registered Office Address:		(Florida street address)	
	N/A	*11 * 1	
	(City)	Florida (Zip Code)	
	•	,	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		accept the obligations of the position.	
	N/A	Registered Agent, if changing	
_	Signature of Nev	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: X Change X Remove X Add	PT John De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	Maria McCoy	1017 DELRIDGE AVE
Add			ORLando, FLORIDA
X Remove			1017 DELRIDGE AVE ORLANDO, FLORIDA 32804
2) Change		<u>.</u>	
Add			
Remove			
3) Change		-4	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
n/a			
	V ====		
	·		
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08/24/2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
n/a	
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 a document's effective date on the Department of State's records.	not be listed as the
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.	
08/24/209 Dated	
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)	
MARÍA R. MEGOY	
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	