L1500004700Z

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	es of Status
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COVER LETTER

Div	ision of Corp	oorations				
CUDIECT.	Buddhist Mo	editation Center Of Panama Ci	ty LLC			
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	nitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Pornsak Kanjanatarat				
Name of Person						
Buddhist Meditation Center Of Panama Center LLC						
			Firm/Company			
	135 N. Berthe Avenue					
			Address			
		Panama City, FL 32404				
			City/State and Zip Code			
		kanjanatarat@yahoo.com				
		E-mail address: (to be used for future annual report notification	ation)		
For further is	nformation co	oncerning this matter, please ca	all:			
Pornsak Kar	njanata ra t		305 562-3276 at ()			
	Name of	f Person	Area Code Daytime T	Felephone Number		
Enclosed is	a check for th	ne following amount:				
□ \$25.00 H	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

Registration Section

MAILING ADDRESS:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP PARASSERVES PROCESS

Buddhist Meditation Center Of Panama City LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

March 16, 2015

Florida document number L15000047002	Diability Company	were filed on	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :	
Wat Kalayaneerattanaviharn LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		135 N. Berthe Avenue		
(Principal office address MUST BE A STREE	ET ADDRESS)	Panama City		
	_	FL 32404		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		135 N. Berthe Avenue Panama City		
		FL 32404		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	our records, enter the name of the new	
New Registered Office Address:	135 N. Berthe Avenue			
	Enter Florida street address			
	Panama City		, Florida ³²⁴⁰⁴	
		City	Zip Code	

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name		Address	Type of Action
MGR	Kalayanee Ishida		21603 Front Beach Road	<u></u> ⊌ Add
			Panama City Beach	Remove
			FL 32413	☐ Change
MGR	Achara Edwards		251 Hugh Thomas Drive	
			Panama City	Remove
	•		FL 32404	☐ Change
AMBR S	Sang Wildeman		244 Eagle Drive	
		•	Panama City Beach	☐ Remove
			FL 32407	Change
AMBR	Chalard Eagerton		1535 Donna Avenue	
			Panama City	□ Remove
		,	FL 32404	☐ Change
				□ Add
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fective date, if other than the effective date is listed, the date mote: If the date inserted in this locument's effective date on the	ust be specific and colock does not me Department of Sta	cannot be prior to bet the applicab ate's records.	date of filing or n le statutory filir	nore than 90 days ng requirements	s after filing.) Pur s, this date will	not be listed
record specifies a delaye The 90th day after the re		ite, but not	an effective	time, at 12:	01 a.m. on	the earlier
February 26	,	2016	_•			
Pom	3pK	Kan	anostor	et	· ALL	2016 F
	Signature of a me	ember or authori	zed representative	of a member	ATA	EB 29
Pornsak Kanjanatarat		Typed or printed	nome of signer		SSEC	·
	I	Dea or printed	name of signee			PH 2:
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Filing Fee: \$25.00