## ND100003178

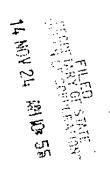
| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
| (Document Number)       |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



300266156063

11/24/14--01032--014 \*\*43.75



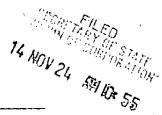
Amendas 10 12/4/14

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: Tibetan Y   | ungdrung E   | Bon Institute, Inc.  |
|--|--|--|
| DOCUMENT NUMBER: NO100000  | 3178   |  |
| The enclosed Articles of Amendment and fee are subr  | nitted for filing.   |  |
| Please return all correspondence concerning this matte   | er to the following:   |  |
| Janet Galipo   |  |  |
| odilot dalipo  | (Name of Contact Person  | )  |
|  |  |  |
|  | (Firm/ Company)  |  |
| 353 W 47 Street, #7A   |  |  |
|  | (Address)  |  |
| Miami Beach, FL 3314   | 0  |  |
|  | (City/ State and Zip Code  | <del>:)</del>  |
| info@tybimiami.  | org  |  |
| E-mail address: (to be used  | for future annual report r   | otification)   |
| For further information concerning this matter, please   | call:  |  |
| Laszlo Toth  | <sub>at</sub> 954  | 547-2607 de & Daytime Telephone Number)  |
| (Name of Contact Person)   | (Area Co   | de & Daytime Telephone Number)   |
| Enclosed is a check for the following amount made pa   | yable to the Florida Depa  | rtment of State:   |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status                                 | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$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 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301  |

## Articles of Amendment to Articles of Incorporation of



|  | of   | 10V 24 A                 |
|--|--|--------------------------|
| Tibetan Yungdrung Bon Institute In   | ic.  | · /{}                    |
| .(Name of Corporation as currently filed with the Flo  | rida Dept. of State)                             |                          |
| N01000003178   |  |                          |
| (Document Number of Co   | orporation (if known)                            |                          |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:         | es, this <i>Florida Not For Profit Corporate</i> | ion adopts the following |
| A. If amending name, enter the new name of the corporati   | ion:   |                          |
| N/A  |  | T.                       |
| name must be distinguishable and contain the word "corporat  | tion" or "incorporated" or the abbrevia          | tion "Corn" or "Inc."    |
| "Company" or "Co." may not be used in the name.  | ion or meorporated or me dooreria                | non corp. or me.         |
| B. Enter new principal office address, if applicable:<br>(Principal office address MUST BE A STREET ADDRESS)           | N/A  |                          |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                | N/A  |                          |
| D. If amending the registered agent and/or registered offic<br>new registered agent and/or the new registered office a |  | of the                   |
| Name of New Registered Agent: N/A  |  |                          |
| New Registered Office Address:   | (Florida street address)                         |                          |
| N/A  | y  |                          |
| (City)   | , Florida  | (Zip Code)               |
| New Registered Agent's Signature if changing Registered  |  | 121p Coucy               |

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

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 | <u>V</u> <u>Mi</u> | nn Doe<br>ke Jones<br>ly Smith |                       |
|----------------------------------|--------------------|--------------------------------|-----------------------|
| Type of Action<br>(Check One)    | Title              | <u>Name</u>                    | <u>Addres</u> s       |
| I) X Change                      | Р                  | Toth, Laszlo                   | 30 NE 47th Street     |
| A.Id                             |                    |                                | Miami, FL 33137       |
| Remove                           |                    |                                |                       |
| 2) Change                        | SD                 | Hurley, Robert                 | 2340 SW 25th Street   |
| Add                              |                    |                                | Miami, FL 33133       |
| X Remove                         |                    |                                | 18414.48              |
| 3 ) Change                       | <u>S</u>           | Pugliese, Maria Laura          | 6805 SW 132nd Street  |
| X Add                            |                    |                                | Pinecrest, FL 33156   |
| Remove                           |                    |                                |                       |
| 4) Change                        | Т                  | Galipo, Janet                  | 333 W 41st Street     |
| Add                              | <del></del>        |                                | Suite 414             |
| X Remove                         |                    |                                | Miami Beach, FL 33140 |
| 5) Change                        | Т                  | Binder, Cynthia                | 20 Island Avenue      |
| X Add                            |                    |                                | # 714                 |
| Remove                           |                    |                                | Miami Beach, FL 33139 |
| 0 0                              |                    |                                |                       |
| 6) Change                        |                    |                                |                       |
| Add                              |                    |                                |                       |
| Remove                           |                    |                                |                       |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | icles, enter change(s) here:             |
|---|--|
| (attach additional sheets, if necessary).   | (Be specific)                            |
| N1/A  |  |
| N/A   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| <del></del>   |  |
|   |  |
|   | 1. |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

|     | e date of each amendment(s) adoption:e this document was signed.   | , if other than the |
|-----|--|---------------------|
| Eff | ective date if applicable:   |                     |
|     | (no more than 90 days after amendment file date)   |                     |
| Ado | option 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.   |                     |
| B   | 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 November 19, 2014  |                     |
|     | Signature  | _                   |
|     | (By the chairman or vice chairman of the board, president of 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) |                     |
|     | Laszlo Toth  |                     |
|     | (Typed or printed name of person signing)  |                     |
|     | President  |                     |
|     | (Title of person signing)  |                     |