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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: ChakraSamva	ara Center, Inc.	
DOCUMENT NUM	BER: N10000010949		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	eter to the following:	
	Margaret G	. Block J.D., L.L.M.	
	(Name of	Contact Person)	
	(Firm	n/ Company)	<u> </u>
	2528 S	W 25 Terrace	
	(Address)	
		ni, FL 33133	
	(City/ Sta	te and Zip Code)	
		IVARAMIA@aol.com ad for future annual report notifical	ion)
For further information	on concerning this matter, pleas	e call:	
Mai Pham Nguye		at (305) 672-8740	
(Name	of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Department	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)
Amen Divisi	ng Address dment Section on of Corporations Box 6327	Street Address Amendment Section Division of Corporation Clifton Building	S

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ChakraSamvara Center, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N10000010949 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles o		is Florida Not For	Profit Corporation adopts
A. If amending name, enter the new name	e of the corporation:		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company			acorporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	FICE BOX)		DIVISION OF CORF
D. If amending the registered agent and/onew registered agent and/or the new re	or registered office ad egistered office addre	ldress in Florida, e ss:	7 PA 3: 33 mter the name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida	street address)	
		City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registe position.			rept the obligations of the
_	Signature of New Re	gistered Agent, if c	hanging

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
B of D	Natalia Munoz	369 N. Hibiscus Dr. Miami Beach, FL 33139	Add Z Remove
E. <u>If amen</u> (attach a	ding or adding additional Article dditional sheets, if necessary). (e <mark>s, enter change(s) here</mark> : Be specific)	
	FEI-4	52534877	
.,			
-			
		A15 - 14.54, - 411.	
		V 5494	

The date of each amendmen	(s) adoption: //10/2011
	(date of adoption is required) 7/10/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(soval.
There are no members or adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	8 12 11
Signature	Halloma
hav	the chairman or vice chairman of the board, president or other officer-if direct not been selected, by an incorporator – if in the hands of a receiver, trustor court appointed fiduciary by that fiduciary)
	Mai Pham Nguyen
	(Typed or printed name of person signing)
	Executive Director
	(Title of person signing)