N11000008562

(Re	questor's Name)		
(Ad	dress)		
(Ad	ldress)	·····	
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Ви	isiness Entity Nai	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		
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COVER-LETTER ...

TO: Amendment Section Division of Corporations

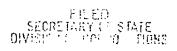
NAME OF CORPORATION:	Sarasota Forest Mona	stery, Inc.	 	
N110 DOCUMENT NUMBER:	000008562			
The enclosed Articles of Amenda	nent and fee are subm	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
John Raab				
	(Name of Contact P	erson)	
		(Firm/ Compan	y)	
7106 Orchid Island Place				
		(Address)		
Bradenton, Florida 34202				
	(City/ State and Zip	Code)	
johnanddaeng@aol.com				
E-mai	address: (to be used	for future annual re	port notificatio	n)
For further information concerning	g this matter, please c	all:		
Anne E Moore		at	941	662-5750
(Nan	ne of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the follow	ring amount made pay	able to the Florida	Department of	State:
	343.75 Filing Fee & L Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certii is Certii (Add:	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Addre			reet Address	
Amendment Se			mendment Sect	
Division of Cor	porations	\mathbf{D}_{i}	ivision of Com	orations

Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

4 4, 10

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Sarasota Forest Monastery, Inc.		16 APR -4	AM IC
(Name of Corporation as cu	rrently filed with the Florid	la Dept. of State)	_
(Document N	Number of Corporation (if kno	own)	
Pursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For	Profit Corporation adopts the following	ng
. If amending name, enter the new name of the corp	oration:		
		The ne	
name must be distinguishable and contain the word "cor "Company" or "Co," may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp." or "Inc.	."
3. Enter new principal office address, if applicable:		•	_
Principal office address <u>MUST BE A STREET ADDR.</u>	<u>ESS</u>)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		······································	
			_
). If amending the registered agent and/or registered	t office address in Florida e	nter the name of the	
new registered agent and/or the new registered of		inter are marile of the	
Name of New Registered Agent:			
	(Flor	ida street address)	_
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept to	he obligations of the position.	
	Signature of New Registe	red 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>PT</u> <u>Y</u> <u>SV</u>	John Do Mike Jo Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	T		Chananporn Weller	462 Rubens Dr E
Add		_		Nokomis FL 34275
X Remove				
2) Change	T	_	Daranee Cholakian	1460 Peregrine Point
x Add				Sarasota FL 34231
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

`(attach additional sheets, if necessary). (Be specific)
Dissolution clause: Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes
within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future
federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public
purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which
the principal office of the organization is then located, exclusively for such purposes or to such organization or
organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

E. If amending or adding additional Articles, enter change(s) here:

The date	e date of each amendment(s) adoption: 03 116 16	_, if other than th
Effe	ective date if applicable: 03/16/2016	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (CHECK ONE)	
ø	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.	
	Dated 03 30 2016	
	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)	
	Chularata Moore	n APR
	(Typed or printed name of person signing)	1
	Secretary	8 4 10: 48 AM 10: 48
	(Title of person signing)	# 3 E