## N 1900000 6089

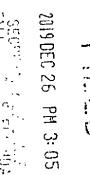
(R	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Wat Suchadadhammaram, Inc.
N19000006089
OCUMENT NUMBER:
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Suchart Huanjit
(Name of Contact Person)
Vat Hathainares Buddhist Meditation Center, Inc.
(Firm/ Company)
7398 Swamp Rd.
(Address)
Waycross, GA 31503
(City/ State and Zip Code)
watsuchadadhammaram@gmail.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Suchart Huanjit 504 3438241
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount made payable to the Florida Department of State:
\$\ \begin{align*} \be

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Wat Suchadadhammaram, Inc.			
(Name of Corporation as currently filed with the	Florida Dept. of State)		
N19000006089			
(Досил	nent Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the	e following
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	•	l" or the abbreviation "Corp."	or "Inc."
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)	ROY)	ALT SEC	1610
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		45	<del>- 1</del>
	<del></del>		- 5g - i
		· · ·	<del></del> ;
D. If amending the registered agent and/or registered agent and/or the new register		enter the name of the	4 3: 05
	Suchada Padavanija		. 5
<u>Name of New Registered Agent:</u>	15569 New Kings Rd.		
		orida street address)	
New Registered Office Address:	· ·	,	
	Jacksonville	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing F	Registered Agent:		
l hereby accept the appointment as registered agen		the obligations of the position. —	
/-	Signature of New Registe	ered Agent, if changing	

Page 1 of 4

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 Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	D	Chinnaphat Khotwong	1601 Stanton Rd. New Orleans, LA 70131
x Remove			
2) Change Add	D	Sailom Bodecrat	7398 Swamp Rd. Waycross, GA 31503
x Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove	#_#YA! #_ A	Page 2 of 4	
(attach additional shee		cles, enter change(s) here: (Be specific)	
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	Page 3 of 4	
	December 12, 2010	
The date of each amendment(s) adopt date this document was signed.	December 12, 2019	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	)

Dated	December 12, 2019	
Signatu	ure	
	Suchada Padavanija	
	(Typed or printed name of person signing)	
	Secretary (Title of person signing)	X

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.