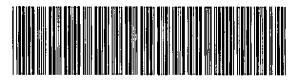


(Re	equestor's Name)	
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JUL 17 2017 S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Avalakitesh	vara Bu	ddhis1	Study	Center
DOCUMENT NUMBER: N9500000			0	
The enclosed Articles of Amendment and fee are submitted	l for filing.	•		
Please return all correspondence concerning this matter to t	he following:			
Quac Dung Le				
(Nan	ne of Contact Pers	son)		
(Firm/ Company)			
2533 Golf View D)rive			
	,			
Weston IR 3332 (City	7			
(City	/ State and Zip Co	ode)		
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Quo c Dun 5 L-2 (Name of Contact Person)	at	954-(683-01	72
(Name of Contact Person)	(1	Area Code)	(Daytime Telep	hone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:				
		Certific Certifie	ate of Status d Copy onal Copy is	
Mailing Address Amendment Section		t Address	_	
Division of Corporations P.O. Box 6327	Divis	ndment Section iion of Corpora on Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of		
Avalokites hvara Bu (Name of Corporation as current	adhist Study	Center Inc.	-
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The state of the s	ept. of State)	
N95000005536			
(Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Prof</i>	it Corporation adopts the	following
A. If amending name, enter the new name of the corporation	on:		
N/A			The new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	on" or "incorporated" or to	he abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A		
	-		
-		<u>```</u>	
C. Enter new mailing address, if applicable:	NA	25°	(- ·
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10//		
-		<u> </u>	
			, iù
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		the name of the	: 12 12
Name of New Registered Agent:	NIA		
	(Florida si	reet address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A line leads the appointment as registered agent. I am family	sent: iliar with and accept the ob-	ligations of the position.	
Siz	nature of New Registered A	gant if abancing	
54g:	maare oj new Regisierea Aj	gem, y 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 ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add Remove	<u>_</u> P	Le Doc PHD Ngayere Thise	756 NW 5th CI. Hallandale Beach Id 330;9
2) Add Remove	<u>S</u> _	Le Quoc Dung V. Nguyan Thung	2533 Golf View Dr Westen FL 33327
3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			
Kemove			

. If amending or adding additional Art	ticles, enter change(s) here:	
(attach additional sheets, if necessary).	(Be specific)	
N/A		
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The date of each amendment(date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :	7/10/17	
	(no more than 90 days after amendment file date)	
	s block does not meet the applicable statutory filing requirements e Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the approval.	amendment(s)
There are no members or adopted by the board of d	nembers entitled to vote on the amendment(s). The amendment(sirectors.	s) was/were
Dated	7/10/17	
Signature	lacle	
have no	chairman or vice chairman of the board; president or other officer of been selected, by an incorporator — if in the hands of a receiver ourt appointed fiduciary by that fiduciary)	
	Der C M Le (Typed or printed name of person signing)	
	(Typed or printed name of person signing) Resister Agoul & Director & Presic (Title of person signing)	