

NO6 000001050

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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

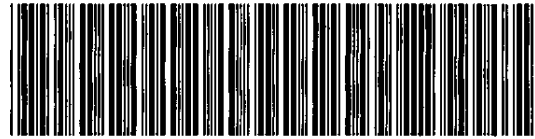
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/12/14--01019--019    \*\*300.00

09/29/14--01020--002    \*\*100.00

FILED  
14 SEP 29 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amel*

SEP 30 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2014

MICHAEL REPPAS II  
100 S. PINE ISLAND RD. STE 202  
PLANTATION, FL 33324

SUBJECT: THE AMERICAN COMMITTEE FOR THE REUNIFICATION OF THE  
PARTHENON SCULPTURES, INC.  
Ref. Number: N06000001050

We have received your document for THE AMERICAN COMMITTEE FOR THE REUNIFICATION OF THE PARTHENON SCULPTURES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 414A00020151

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

THE AMERICAN COMMITTEE FOR THE REUNIFICATION OF THE PARTHENON SCULPTURES, INC.  
**NAME OF CORPORATION:** \_\_\_\_\_

**DOCUMENT NUMBER:** N06000001050

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MICHAEL J. REPPAS**

\_\_\_\_\_  
(Name of Contact Person)

**REPPAS & BRANNELLY, PLLC**

\_\_\_\_\_  
(Firm/ Company)

**100 S. PINE ISLAND RD., SUITE 202**

\_\_\_\_\_  
(Address)

**PLANTATION, FLORIDA 33324**

\_\_\_\_\_  
(City/ State and Zip Code)

**michael@reppasbrannellylaw.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MICHAEL J. REPPAS**

\_\_\_\_\_  
(Name of Contact Person)

at ( 305 ) 822-8422

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

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

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

14 SEP 29 PM 3:08

THE AMERICAN COMMITTEE FOR THE REUNIFICATION OF THE PARTHENON SCULPTURES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N06000001050

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

*The new*

*name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

REPPAS & BRANNELLY, PLLC

100 S. PINE ISLAND RD., SUITE 202

PLANTATION, FLORIDA 33324

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 office address in Florida, enter the name of the new registered agent and/or the new registered office address:

*Name of New Registered Agent:*

MICHAEL J. REPPAS

100 S. PINE ISLAND RD., SUITE 202

(Florida street address)

*New Registered Office Address:*

PLANTATION

(City)

, Florida

33324

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. **If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

N/A

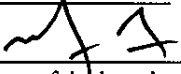
The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: 08/01/2014  
*(no more than 90 days after amendment file date)*

Adoption 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.
- 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 SEPTEMBER 23, 2014

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)

MICHAEL J. REPPAS  
(Typed or printed name of person signing)

REGISTERED AGENT  
(Title of person signing)