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SECRETARY OF STATE A

Amend Charles III

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ST. NEKTARIO	OS AND PANAGIA SOU	MELA G	GREEK ORTHODOX
		OS AND PANAGIA SOUI	H OF	Crearwater, INC
DOCUMENT NUM	BER: N10000006837			
The enclosed Articles	s of Amendment and fee are subr	nitted for filing.		
Please return all corre	espondence concerning this matte	er to the following:		
		. Steuer, CPA		
	(Name of C	Contact Person)		
	Michael E. S	Steuer, CPA, P.A.		
-	(Firm/	Company)		
	600 Bypas	ss Dr, Ste 100		
	(A	ddress)		
	Clearwa	ter, Fl 33764		
		e and Zip Code)		
	mike@mil	kethecpa.com		
		for future annual report notification	on)	
For further information	on concerning this matter, please	call:		
Michael E. Steue	r. CPA	at (727) 797-9000		
	of Contact Person)	(Area Code & Daytime	Telephone	: Number)
Enclosed is a check f	or the following amount made pa	yable to the Florida Department of	f State:	•
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status			nal Copy
Amer Divis P.O. 1	ing Address indment Section ion of Corporations Box 6327 nassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

ST. NEKTARIOS AND PANAGIA SOUMELA GREEK ORTHODEX CHURCH OF

	OOOMELA CONLETT OFFITTE	
(Name of Corporation as currently file	led with the Florida Dept. of State)	CLEARWater, In
N100000	06837	
(Document Number of	Corporation (if known)	
ursuant to the provisions of section 617.1006, Florida e following amendment(s) to its Articles of Incorpora		Corporation adopts
If amending name, enter the new name of the co	orporation:	
ne new name must be distinguishable and contain to breviation "Corp." or "Inc." <u>"Company" or "Co."</u>		rated" or the
Enter new principal office address, if applicable brincipal office address MUST BE A STREET ADD		TALLAHAS TALLAHAS
. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)	ASSEE FLORIDA
. If amending the registered agent and/or register new registered agent and/or the new registered of		e name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		orida (Zip Code)
ew Registered Agent's Signature, if changing Regination hereby accept the appointment as registered agent. In sition.		obligations of the
Signatur	re 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	Lemonakis, Georgios	2330 Indigo Dr. Clearwater, Fl 33763	☐ Add ☐ Remove
<u>P</u>	Viahopoulos, Stefanos	2301 Hawthorne Dr. Clearwater, Fl 33763	∠ ☑ Add □ Remove
			Add Remove
	g or adding additional Articles, enter tional sheets, if necessary). (Be specified)		
4			

The date of each amendment(s)	adoption: 12/02/10
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) ral.
There are no members or men adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated 12/02/	10
Signature	145
have n	e chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, of court appointed fiduciary by that fiduciary)
	Georgios Lemonakis
_	(Typed or printed name of person signing)
_	President
_	(Title of person signing)