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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Sotirios Zervouli.	as and Lea Soupat	a Zervoulias	Family F	oundation, Inc.	
N13000005292 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are	submitted for filin	<b>g</b> .			
Please return all correspondence concerning this r	natter to the follow	ring:			
Leeza Andersen					
	(Name of Cor	ntact Person)	<del></del>	·	
The Andersen Firm PLLC					
	(Firm/ Co	əmpany)			
7771 W. Oakland Park Blvd, Ste 228					٢
	(Add	ress)			
Sunrise, FL 33351					;
	(City/ State ar	nd Zip Code	)		
LLCAdmin@TAF.law					
E-mail address: (to be	used for future and	mal report n	otification	)	_
For further information concerning this matter, pl	ease call:				
Leeza Andersen				230-2206	
(Name of Contact Pe	rson)	at(Arc	a Code)	(Daytime Telephone Number)	)
Enclosed is a check for the following amount mad	de payable to the F	Torida Depa	rtment of	State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State		opy Leopy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is	

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Enclosed)

## Articles of Amendment to Articles of Incorporation of

Sotirios Zervoulias and Lea Soupata Zervoulias Family Foundation, Inc.

Name of Corporation as currently filed with th	e Florida Dept. of State)	
N13000005292		
(Docur	nent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Flournendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the wor. "Company" or "Co." may not be used in the nam		I" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address,</u> if applica (Principal office address <u>MUST BE A STREET</u> 2		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	
). If amending the registered agent and/or reg		, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:	Leeza Andersen	
	7771 W. Oakland Park Blvd, Sto	228
New Registered Office Address		iorida street uddress)
	Sunrise	, Florida 33351
	(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered ageing		the obligations of the position.
-	Signature of Nov Regist	ered 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	$\frac{PT}{\underline{V}}$ $\underline{SV}$	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>X</u> Change Add	1)	Papadopoulos-Villahoz, Katerina	799 Crandon Blyd. Key Biscayne, FL 33149
Remove			
2) <u>X</u> Change Add	D	Kanelos, Clea	799 Crandon Blvd.  Key Biscayne, FL 33149
Remove 3 ) Change			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		_	
Remove			
F. If amending or addin (attach additional shee		onal Articles, enter change(s) here: 'ssury). (Be specific)	

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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date <u>if applicable</u> :		
(n	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

Dated	November 21, 2023
Signatu	cut Tus
	(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)
	SOTIRIOS ZERVOULIAS

(Title of person signing)

 $\subseteq$ 

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