N38577

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Wick Anton gour authorization to add
Elianora mihopoulos to application

Office Use Only

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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: <u>PAN</u>	HELLENIC FE Name of Lim	FDFRATION OF FL ited Liability Company	ORIDA INC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Nick	ANTON (T) Name of Person	REAGURER)		
	PANHELLEN	IC FEDERATION OF Firm/Company	OF FL. INC.		
	_	PINELLAS AVE Address			
	TARPON	SPRIWAS 7 City/State and Zip Code	L. 34689		
	FEDERATION E-mail address: (VI PHFOFL to be used for future annual report notifi	cation)		i. Takon
For further information c	oncerning this matter, please ca			7 KO	
Mick P	ANTON Person	at (<u>727)</u> <u>87/</u> Area Code Daytime	6768 Telephone Number	27 PM	TARY OF THE USE
Enclosed is a check for the	ne following amount:			1: 50	STATE
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Stat Certified Copy tadditional copy is en	us &	U)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



November 9, 2017

NICK ANTON PANHELLENIC FEDERATION OF FLORIDA INC. 7 N PINELLAS AVE TARPON SPRINGS, FL 34689

SUBJECT: PANHELLENIC FEDERATION OF FLORIDA INC.

Ref. Number: N38577

We have received your document for PANHELLENIC FEDERATION OF FLORIDA 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 form you submitted is for a Limited Liability Company, but your entity is a Florida Nonprofit Corporation. Please complete and return the enclosed blank form(s).

Please be aware that the filing fees are different. We will need an additional \$10.00.

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.

Diane Cushing Senior Section Administrator

Letter Number: 517A00022744

LONIVEL

Articles of Amendment to Articles of Incorporation

	Articles of Incorporation of	الم	
PANHELLE NIC (Name of Corporation a		VOFFLINC 3	٠
(Name of Corporation a	s currently filed with the Flor	ida Dept. of State)	ري
	8577		
(Docume	nt Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 617,1006. Florid amendment(s) to its Articles of Incorporation:	la Statutes, this <i>Florida Not For</i>	r Profit Corporation adopts the following	
A. If amending name, enter the new name of the c	orporation:		
	<u> </u>	The new	
name must be distinguishable and contain the word " "Company" or "Co," may not be used in the name.	"corporation" or "incorporated	" or the abbreviation "Corp," or "Inc,"	
B. <u>Enter new principal office address, if applicabl</u> (Principal office address <u>MUST BE A STREET</u> AD	e: 7 N. P	INFLLAS AVE	
i incha office address <u>myst be A StREET AM</u>	TABI	PON SPRINGS	
		UDA 34689	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX) P. C	P. BOX 1321	
	CLEARU	BOX 1321 ATER, FL 3375	- 7
D. If amending the registered agent and/or registe		enter the name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent:			
– <u>New Registered Office Address:</u>	(Fle	orida street address)	
New Registered Office Address.			
_	(ZV. 1	, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and accept i	the obligations of the position.	
	Signature of New Registe	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		<u>Doe</u> Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) 💋 Change			
Add Remove			
2) Change	TR	NICK ANTON	1919 DUNLOE CR
Add Remove			DUNGOIN FL 34698
3) X Change	7.1ccA	KAY SKORDILIS	217 ATHENS ST.
Add Remove			TARPON SPRING FL. 34689
4) Change	Sec	Elecnora Mihopa	_
X Add Remove			2000 Dearwaler FL 34630
5) Change			
Add			
Remove			
6) Change			
Add Remove			

f amending or adding additional Ar utach additional sheets, if necessary).	(Be specific)	
	· <u></u>	
-		
		
<u> </u>	-	
	<u>.</u>	
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-		

The date of each amendment(s) add	option:	if other than the
fate this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this bloc locument's effective date on the Dep	ck does not meet the applicable statutory filing requipartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast l.	for the amendment(s)
☐ There are no members or memb adopted by the board of directo	ers entitled to vote on the amendment(s). The amer rs.	ndment(s) was/were
Dated	15-17	
Signature	ak Autor	
have not bee	nan or vice chairman of the board, president or othen n selected, by an incorporator – if in the hands of a ppointed fiduciary by that fiduciary)	
	NICK ANTON	
	(Typed or printed name of person sig	ning)
	TREASURER	
	(Title of person signing)	