N99000000153

(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:
J. HORNE NOV 15 2021

Office Use Only



600375906706

11/01/21--01043--021 **35.00

2021 NOV -1 AM 9: 35

COVER LETTER

TO: Amendment Section Division of Corporations

St. Nicholas NAME OF CORPORATION:	Ladies Philptochos	s, Inc.			
N99000000153 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	e are submitted for f	iling.			
Please return all correspondence concerning	this matter to the fo	llowing:			
Apraxia Kapaniris					
	(Name of	Contact Person)		
St. Nicholas Ladies Philoptochos, Inc.					
	(Firm	Company)	<u> </u>	· •····	
18 Hibiscus St.					
	(A	(ddress)	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-		
Tarpon Springs, FI 34689					
	(City/ Stat	e and Zip Code	:)		
proxiemk@gmail.com					
E-mail address: (to	o be used for future	annual report r	notification	n)	
For further information concerning this matte	er, please call:				
Apraxia Kapaniris		727 at	,	324-3075	
(Name of Contac	rt Person)		ea Code)	(Daytime Telepho	one Number)
Enclosed is a check for the following amount	t made payable to th	e Florida Depa	irtment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Status Certified	d Copy onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section			Address ment Secti	on	

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 NOV -1 AM 9: 35

St. Nicholas Ladies Philoptochos, Inc.		SECRETARY OF SHELLAR ASSECTED
Name of Corporation as currently filed with the Florida	Dept. of State)	ALLAHASSEL, TA
N9900000153		
(Document Numl	ber of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
N/A		The new
name must be distinguishable and contain the word "corpora" "Company" or "Co," may not be used in the name.	ation" or "incorporated"	
D. Patar and minimal office address if annihilation	N/A	
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>		
	· ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
(Menning address MATT BETT TOOL OF THE BOSS)		
N. 16 House A	7 . 11	
 If amending the registered agent and/or registered off new registered agent and/or the new registered office 		enter the name of the
	N/A	
Name of New Registered Agent:		
New Registered Office Address:	(Floi	rida street address)
	(City)	, Florida (Zip Code)
	(0,)	(May Code)
New Registered Agent's Signature, if changing Registered		l III e Ca
hereby accept the appointment as registered agent. I am fa	imiliar with and accept to	he obligations of the position.
	Signature of New Register	red 40ent if changing
· · ·	ARTHUMET CONTINUE INCHES	on rigerii, ij enunging

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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _x Change Add			18 Hibiscus St. Tarpon Springs, Fl 34689
Remove 2) Change Add	VP		18 Hibiscus St. Tarpon Springs, Fl 34689
X Remove 3) Change Add Remove	T	Helen Zisimopoulos	20 N. Pinellas Ave. Tarpon Springs, Fl 34689
4) Change X Add	T	Apraxia Kapaniris	18 Hibiscus St. Tarpon Springs, FI 34689
Remove 5) X Change Add Remove	<u> </u>		18 Hibiscus St. Tarpon Springs, Fl 34689
6) Change Add		·	
E. If amending or adding (attach additional sheet)		cles, enter change(s) here: (Be specific)	
	N/A		

		
		
		
		
		
		
		
		
		
The date of each amendment(s) adoption: _date this document was signed.		, if other than the
Effective date if applicable:		
Effective date if applicable: (no	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not bot 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.	the members and the number of votes cast for the amendment(s)	

adopted by the box	ard of directors.
Dated	October 28, 2021
Signature	mary Islameli
	(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)
	Mary Tsesmelis
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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