

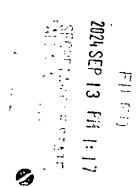
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	 	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
		
Special Instructions to	Filing Officer:	

Office Use Only



500436456835

09 13/24 -0135, --011 **35, 3



COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

St. Nicholas NAME OF CORPORATION:	Ladies Philoptochos In-	c. 		
N99000000153 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing			
Please return all correspondence concerning the	his matter to the followi	ing:		
Apraxia Kapaniris				
	(Name of Con	tact Person)		
St. Nicholas Ladies Philoptochos Inc.				
	(Firm/ Co	mpany)		
18 N. Hibuscus St.				
	(Addr	css)		
Tarpon Springs, Fl 34689				
Tarpon Springs. 119 1009	(City/ State an	d Zip Code)		
and the second second		•		
proxiemk@gmail.com E-mail address: (b	o be used for future ann	ual report notif	ication)	
For further information concerning this matter				
Apraxia Kapaniris		727 at	324-3075	
(Name of Contact	et Person)	(Area C	ode) (Daytime Telephone Numbe	r)
Enclosed is a check for the following amoun	t made payable to the F	lorida Departm	ent of State:	
S35 Filing Fee	g Fee & □\$43.75 Filii	ng Fee & opy copy is	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of .

. .

(Name of Corporation as currently filed with the Flo	TIES Philoptochos, From Dept. of State)	-
N99000000153		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida	Statutos this Florida Nat For Profit Cornoration	adonts the following
amendment(s) to its Articles of Incorporation:	Statutes, unis r turida ren 1 or 1 roju eurparation	adopto the tenerring
A. If amending name, enter the new name of the col	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	reporation" or "incorporated" or the abbreviation	"Corp." or "Inc."
- · · · · · · · · · · · · · · · · · · ·		
B. Enter new principal office address, if applicable:		· -
(Principal office address MUST BE A STREET ADD.	<u>KE33</u>)	
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	9	
	•	~ `
	·	- 111 - 12
		<u></u>
	t em 11 t El 11 canal mon d'al	_ ''' ''' π
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:	<u> </u>
new regimeness agent uniques the new regimeness		
Name of New Registered Agent	1	
		•
	(Florida street address)	
<u>New Registered Office Address</u> :		%
	, Floric	j a
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Regi	stored Ament	
Thereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the	position.
	Signature of New Registered Agent, if changit	ng .

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	V Mik	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>v</u>	Sylvia Joanow	1122 Lancer Ct Tarpon Springs, Fl 34689
_x Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		~ .	
Remove			
E. If amending or addit (attach additional shee		Articles, enter change(s) here: v). (Be specific)	
			15 L - C - C - C - C - C - C - C - C - C -

<u> </u>		
		_
-		
		
		
The date of each amendment(s) adopted date this document was signed.	on:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block do document's effective date on the Departn	oes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes east for the amendment(s)	

• •

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
09.11.2024 Dated
Signature aprayia Kapanius
(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)
Apraxia Kapaniris
(Typed or printed name of person signing)
Treasurer
(Title of person signing)