

749149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

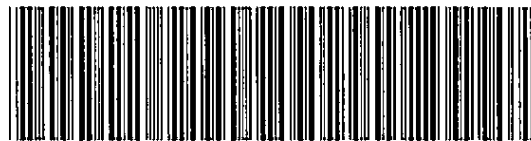
Special Instructions to Filing Officer:

Q. SILAS

FEB 15 2022

2/15/22

Office Use Only



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FILED
FEB 15 PM 3:01
STATION
FEB 15 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Corporations

2022 FEB 15 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FL

February 9, 2022

JODI SASSE
3231 CAPITAL MEDICAL BLVD
TALLAHASSEE, FL 32308

SUBJECT: TALLAHASSEE BUILDERS ASSOCIATION
Ref. Number: 749149

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed AMENDMENT FORM. All pages must be returned in order to file the document.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please file the document as either Articles of Amendment or Restated Articles of Incorporation pursuant to applicable Florida Statutes.

Bylaws are not filed with this office. Please retain them for your records.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 122A00003247

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Tallahassee Builders Association
DOCUMENT NUMBER: 749149

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Sasse
Name of Contact Person
Building Industry Association of the Big Bend
Firm/ Company
3231 Capital Medical Blvd.
Address
Tallahassee, FL 32308
City/ State and Zip Code
jodi.sasse@talluba.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Sasse at (850) 385-1414
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

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

Street Address

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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tallahassee Builders Association

DOCUMENT NUMBER: 749149

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodi Sasse
(Name of Contact Person)

Building Industry Association of the Big Bend Inc.
(Firm/ Company)

3231 Capital Medical Blvd
(Address)

Tallahassee FL 32308
(City/ State and Zip Code)

jodi.sasse@tallyha.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi Sasse at 850-385-1414
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
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Street Address

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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

2015 FEB 15 PM 3:03

Tallahassee Builders Association
(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FL

749149

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Building Industry Association of the Big Bend, Inc.
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3231 Capital Medical Blvd.
Tallahassee, FL 32308

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|----------------|-----------------|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add | President | Mark Kessler | 3231 Capital Medical Blvd.
Tallahassee, FL 32308 |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add | Vice President | Robert Watson | 3231 Capital Medical Blvd.
Tallahassee, FL 32308 |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add | Treasurer | Jack Seitzinger | 3231 Capital Medical Blvd.
Tallahassee, FL 32308 |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add | Secretary | Bryce Hall | 3231 Capital Medical Blvd.
Tallahassee, FL 32308 |
| <input checked="" type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add | President | Robert Watson | 3231 Capital Medical Blvd.
Tallahassee, FL 32308 |
| <input checked="" type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add | Vice President | Jack Seitzinger | 3231 Capital Medical Blvd.
Tallahassee, FL 32308 |
| <input checked="" type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary) (Be specific)

x add Treasurer Karen Koelmeij 3231 Capital Medical Blvd.
Tallahassee, FL 32308

x add Secretary Kerwyn Wilson 3231 Capital Medical Blvd.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated January 14, 2022

Signature Jodi Sasse

(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)

Jodi Sasse

(Typed or printed name of person signing)

Executive Officer

(Title of person signing)