

N05 000000 3660

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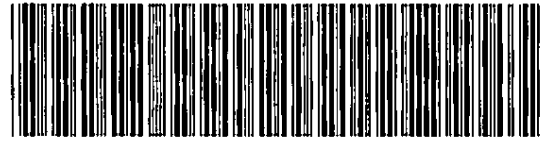
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FILED
2022 JAN 19 PM 1:35
SEATTLE, WA
CLERK OF COURT



RECEIVED

2022 JAN 19 AM 11:28

FLORIDA DEPARTMENT OF STATE

Division of Corporations
SECRETARY OF STATE
TALLAHASSEE, FL

January 5, 2022

DESMOND CHRISTOPHER HUNTE
606 DIAMOND RIDGE RD
SEFFNER, FL 33584

SUBJECT: TAMPA BAY AREA TRANSIT WORKERS UNION, INC
Ref. Number: N05000003660

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 blank form(s). All pages must be returned in order to file the document.

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: 622A00000336

245-60

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tampa Bay Area Transit Workers Union, INC.

DOCUMENT NUMBER: NO5000003660

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

Please return all correspondence concerning this matter to the following:

Desmond Christopher Hunt

(Name of Contact Person)

Tampa Bay Area Transit Workers Union, INC

(Firm/ Company)

606 Diamond Ridge Rd.

(Address)

Seffner, FL 33584

(City/ State and Zip Code)

Chris Hunt 68 @ Gmail . Com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D.C. Hunt

(Name of Contact Person)

at 813 - 245-5612

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" 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
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

Articles of Amendment
to
Articles of Incorporation
of

Tampa Bay Area Transit Workers Union **FILED**
(Name of Corporation as currently filed with the Florida Dept. of State) 2022 JAN 19 PM 1:35

NO5000003660

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALL.

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:

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)

606 Diamond Ridge Rd.
Seffner, FL 33584

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

606 Diamond Ridge Rd.
Seffner, FL 33584

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:

Desmond Christopher Hunte
606 Diamond Ridge Rd.
(Florida street address)

New Registered Office Address:

Seffner Florida 33584
(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.

Desmond Christopher Hunte
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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Kevin Michael Soblan</u>	<u>14317 Gurney St</u> <u>Hudson, FL 34667</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Desmond Christopher Hunt</u>	<u>606 Diamond Ridge Rd</u> <u>Seffner, FL 33584</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Arlington Kelly</u>	<u>6609 Travis Blvd</u> <u>Tampa, FL 3316</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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

1/14/2022

Signature



(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)

Desmond Christopher Hunt

(Typed or printed name of person signing)

President

(Title of person signing)