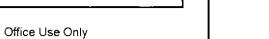
## N50009450

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATION: AMALGAMATED TRANSIT UNION LOCAL 1464, I
DOCUMENT NUMBER: <u>N/5000009450</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEPHEN SIMON
(Name of Contact Person)
AMALGAMATED TRANSIT UNION LOCAL 1464, IM., (Firm/Company)
Po. Box 17595
(Address)
TAMPA, FLORIDA 33682
(City/ State and Zip Code)
Stephensimon@tampabay.rr.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEFEN SIMON at 813 930 -0888 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
S35 Filing Fee

Mailing Address

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

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

	Articles of Amendment	10
	to Articles of Incorporation	18 JAH 16 PM 2: 24
Amalgamased Trans	of Sit Union Locas currently filed with the Flo	al 1464 Inc.
N/5000	009450	
(Docume	ent Number of Corporation (if I	(nown)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
<i>N/<del>*</del></i>		The new
name must be distinguishable and contain the word		d" or the abbreviation "Corp," or "Inc,"
"Company" or "Co." may not be used in the name.	<b>A</b> 1	/1
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AL</u>		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ox) _ P.O. Bo TAMPA	0X <u>19595</u> FURIOA 33682
D. If amending the registered agent and/or regist	ered office address in Florida	enter the name of the
new registered agent and/or the new registere		, cotte the name of the
Name of New Registered Agent:	STEPHEN S	SIMON
_	104 W. COUNTA	Y CLUB DRIVE
New Registered Office Address:		lorida street address)
	TAMOA	, Florida 336/ 2
-	(City)	(Zip Code)
N		. ,
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: — I am familiar with and accep	t the obligations of the position.
	J-1- 1	-
_	× lephe	n Sunon
	Signature of New Regis	tered 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	STEPHEN SMON	TAMPA, FLORIDA 33412
Permove  2) Change  Add	P	EFFREM GREEN	104 W. COUNTRY CLUB DR TAMPA, FLORIDA 33412
Remove 3) Change Add			
Remove 4) Change Add			
Remove  5) Change Add			
Remove 6) Change		<del></del>	
Add Remove			

. If amending or adding addition (attach additional sheets, if neces	sary). (Be sp					
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The date of each amendment(s) adoption this document was signed.	ption: 1/9/2018	if other than the
Effective date if applicable:	1/9/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory filing requirements, this rtment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	pted by the members and the number of votes cast for the amen	dment(s)
☐ There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was:	s/were
Dated //8	3/2018 Stable	
Signature	supper almon	
have not been	an or vice chairman of the board, president or other officer-if d selected, by an incorporator – if in the hands of a receiver, trus pointed fiduciary by that fiduciary)	
	STEPHEN SIMON	
	(Typed or printed name of person signing)	
	PRESIDENT BUSINESS AGENT	7
	/(Title of person signing)	