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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 2 8 2021

S. PRATHER



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 5, 2021

**EVELYN S. DOBSON** DELRAY BEACH COMMUNITY LAND TRUST 145 SW 12TH AVE DELRAY BEACH, FL 33444

SUBJECT: DELRAY BEACH COMMUNITY LAND TRUST, INC.

Ref. Number: N06000000620

We have received your document for DELRAY BEACH COMMUNITY LAND TRUST, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacy Prather Regulatory Specialist III

Letter Number: 321A00024077

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Delray Beach Con	nmunity Land Trust, Inc.	
	BER: N06000000620		
The enclosed <i>Article</i> .	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Evelyn S. Dobson		
	,	Name of Contact Perso	n
	Delray Beach Community La	annd Trust	
	<del></del>	Firm/ Company	
	145 SW 12th Ave	. ,	
		Address	
	Delray Beach, FL 33444		
		City/ State and Zip Cod	le
dol	oson@mydelraybeach.com		
	•	(to be used for future annua	al report notification)
		<b>,</b>	,
For further information	on concerning this matter, plea	se call:	
Evelyn S. Dobson		at (	243-7500
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:
LJ S35 Filing Fee	☑\$43.75 Filing Fee & Certificate of Status	ils43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee  Certificate of Status  Certified Copy  (Additional Copy  is enclosed)
Mailing Add		Street Address:	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations The Course of Tallahas are	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# Articles of Amendment to Articles of Incorporation of

DELRAY BEACH COMMUNITY	hand Trust ]	_M C
(Name of Corporation as currently filed with the Florid		20 7A
N0000000 L:	20	SEUR ALLA
(Document Nur	mber of Corporation (if known)	HA:
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit C	
A. If amending name, enter the new name of the corpor	ation:	STAT LOR
	N HA	<u> </u>
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	ration" or <sup>k</sup> incorporated" or the a	ibbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	$\frac{\mu}{\Delta}$	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
D. If amending the registered agent and/or registered o new registered agent and/or the new registered office		name of the
Name of New Registered Agent:	NA	
New Registered Office Address:	(Florida street	address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		utions of the position.
	NA	
	N/A Signature of New Registered Agen	t, 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	PT         John I           V         Mike I           SV         Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add		Kimberly Morris	BOYNTON BEACH, FL 33435
<ul><li></li></ul>	_\$	DIANE COLD MAA	971 DELRAY LAKES DRIVE DELRAY BEACH, FL 33444
3 ) Remove Change Add Remove	<u>C</u>	Columbus Rolling	Jah Sw 7th ADE. Delray BEACH FL
4) Change Add	_\_	Shelia Townsind	DelRay BEACH, FL 334114
7) Change Add	1	Thais Sullivar	902 Orange DRIVE LAKE PACK, FL 33403
Remove 6) Change Add		GARY Eliopoulos	DELONG BEACH, FL 33183
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	

### Amendments Continued:

• • •

7)	<u>Type of A</u>	Action Change	<u>Title</u> P	<u>Name</u> Herman Stevens Jr.	Address 907 SW 28th Ave Boynton Beach FL 33444
8)	X	Change	S	Nicole Elinski	2015 N. Federal Hwy #305 Defray Beach FL 33444
9)	<u>x</u>	Add	D	Marie Anderson	347 JW 5th ADE. DELRHY BEACH FL 33444
10)	X	Change	D	Anthony Guy	706 SW 2nd Street Delray Beach FL 33444

1 1 1	
The date of each amendment(s) adoption: $9/16/202$	the
Effective date if applicable:	
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 east 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.

Signature

(By the chairman of 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)

(Typed or printed name of person signing)

(Title of person signing)

SECRETARY OF STATE