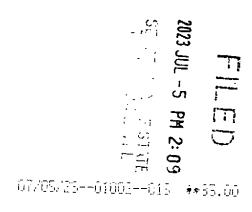
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COVER LETTER

TO: Amendment Section Division of Corporations

Metro North NAME OF CORPORATION:	h Community Development Corporation
N01000000823	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Jerome Crawford	
	(Name of Contact Person)
Metro North Community Development Corp	poration
	(Firm/ Company)
2050 Art Museum Drive, Suite 105	
	(Address)
Jacksonville, Florida 32207	
	(City/ State and Zip Code)
jerawford@metronorthede.org	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matte	er, please call:
Jerome Crawford	904 537-2031 at
(Name of Contac	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address Amendment Section	Street Address Amendment Section

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

Metro North Community Development Corporation, Inc	
(Name of Corporation as currently filed with the Florida D	Dept. of State)
N01000000823	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
Metro North Community Development Corporation	The nev
name must be distinguishable and contain the word "corporat. "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	2050 Art Museum Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 105
	Jacksonville, Florida 32207
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-5 P
D. If amending the registered agent and/or registered offic	# 2:05
new registered agent and/or the new registered office ac	ddress:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
· · · · · · · · · · · · · · · · · · ·	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	
Six	gnature 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: XChange X Remove X Add	<u>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	_		
Remove			
2) Change Add			
Remove 3) Remove 4 Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	
			· · · · · · ·

		
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	- - -	
		
		
		
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not bit of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

Dated Signature (By the chairman or vice charman 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) Jerome Crawford
(Typed or printed name of person signing)
Executive Director
(Title of person signing)