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COVER LETTER

TO; Amendment Section Division of Corporations

;·

Collaborative Development Corporation AME OF CORPORATION:	
N02000001976 OCUMENT NUMBER:	
he enclosed Articles of Amendment and fee are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
ihad S. Rashid	
(Name of Contact Person)	
ollaborative Development Corporation	
(Firm/ Company)	
628 Grand Avenue	
(Address)	
fiami, Fl 33133	
(City/ State and Zip Code)	_
erashid@cdc-florida.org	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
ihad S. Rashid 305-446-5150 at	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
nclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& Certificate of Status Certified Copy (Additional copy is enclosed) \$\bigcup \\$43.75 Filing Fee \& 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

产化至日

Collaborative Development Corporation		268 FE8 -5 P 3
(Name of Corporation as c	urrently filed with the Florida D	ept. of State)
N02000001976		THE PRINTED STA
(Document	Number of Corporation (if known)	WHILE WHEN BEET A COLOR
Pursuant to the provisions of section 617.1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Proj	fit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or	he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	0	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, ente	the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida :	itreet address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	stered Agent: I am familiar with and accept the o	bligations 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: XChange X Remove X Add	<u>V</u> <u>M</u>	<u>hn Doe</u> ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Thelma Gibson	3661 Franklin Avenue
X Add			Coconut Grove, FL 33133
Remove			
2) Change	DT	Eli Rodriguez	6039 Collins Avenue
X Add			Miami Beach, FL 33140
Remove 3) Change	D	Merline Barton	3651 Charles Avenue
X Add			Coconut Grove, FL 33133
Remove			
4) Change	<u>D</u>	Brenda Rivers	3627 SW 37th Avenue #15
X Add			Coconut Grove, FL 33133
Remove			
5) Change	DVC	Gordon Fales	6818 Pallazzo Street
X Add			Coral Gables, FL 33146
Remove			
6) Change	DS	Jenifer Howard Zub	4701 SW 76th Terrace
X Add			Miami, FL 33143
Remove			

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

•		January 24, 2018	
The	date of each amendment		, if other than the
date	this document was signed.		
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	January 24, 2018	
EHE	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		(no more man 50 days after amenament file date)	
		is block does not meet the applicable statutory filing requirements, this dat the Department of State's records.	e will not be listed as the
Ada	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment proval.	ent(s)
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/we irectors.	еге
	Signature (By the	chairman or vice chairman of the board, president or other afficer-if direct of been selected, by an incorporator – if in the hands of a receiver, trustee, ourt appointed fiduciary by that fiduciary)	
	Jiha	d S. Rashid	
		(Typed or printed name of person signing)	<u></u>
	Pre	sident & CEO	
		(Title of person signing)	_