

N23000002897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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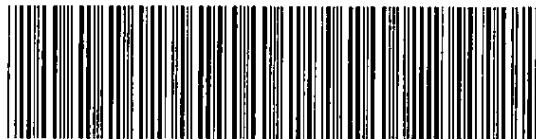
(Business Entity Name)

(Document Number)

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# Ballard Spahr LLP

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111 S. Calvert Street, 27th Floor  
Baltimore, MD 21202-6174  
TEL: (410) 528-5600  
FAX: (410) 528-5600  
www.ballardspahr.com

Robert C. Darrell  
Paralegal  
Tel: (410) 528-5534  
Fax: (410) 528-5650  
darrellr@ballardspahr.com

June 15, 2023

*By Federal Express*

Florida Department of State  
Division of Corporations  
Amendment Section  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

Re: Better Communities Trust, Inc. (Dept. No. N23000002897)

Dear Clerk:

I enclose Articles of Amendment for the above-referenced Florida not for profit corporation which I would appreciate your filing among the corporate records of the Florida Department of State. Also enclosed is a check made payable to the Florida Department of State in the amount of \$43.75 to cover the filing fee (\$35) and the fee for a certified copy of this filing (\$8.75).

Please issue and send a certified copy of the filed Articles of Amendment to my attention at the address provided above.

Also enclosed is a copy of the Articles of Amendment, which I would appreciate your stamping with the date filed and returning to me in the enclosed, self-addressed stamped envelope.

Thank you for your assistance. Please contact me if you have any questions or need any further information.

Sincerely,



Robert C. Darrell  
Paralegal

RCD/red  
Enclosures

cc: Mary Grace Folwell, Esquire

DMFIRM #408204107 v1

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Better Communities Trust, Inc

**DOCUMENT NUMBER:** N23000002897

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

Please return all correspondence concerning this matter to the following:

Noah M. Szuagajew  
(Name of Contact Person)

Broward County Housing Authority  
(Firm, Company)

4780 North State Road, 7  
(Address)

Lauderdale Lakes, FL 33319  
(City, State and Zip Code)

nszugajew@bchafl.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noah M. Szuagajew at: \_\_\_\_\_  
(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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Better Communities Trust, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N23000002897

(Document Number of Corporation (if known))

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

23 JUN 15 AM 4:22

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.*

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
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.)

Add a new Article VIII to the Articles of Incorporation.

Article VIII - Dissolution - Upon dissolution of the corporation, assets shall be distributed for one or more of the exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, to the Broward County Housing Authority, or to a local or state government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal

office of the corporation is then located, exclusively for such purposes or to such organization or organizations as said Court shall determine which are organized and operating exclusively for such purposes.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed

Effective date if applicable: \_\_\_\_\_  
*(not 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 May 16, 2023

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)

P. Parnell Joyce

(Typed or printed name of person signing)

President

(Title of person signing)