N2400000031

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Community Lending	g Partners, Inc.		
NAME OF CORPORATION:			
N24000000031			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat lames T Henderson	ter to the following	; :	
	(Name of Contac	t Person)	
Community Lending Partners, Inc.			
	(Firm/ Comp	anv)	
1951 8th Street NW Suite 100	` '	• /	
***	(Address)	
Winter Haven, FL 33881			
	(City/ State and Z	Zip Code)	
erry@heart4wh.org			
E-mail address: (to be use	d for future annual	report notification	on)
For further information concerning this matter, please	e call:		
lames T Henderson		863	
(Name of Contact Person	n)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Flori	da Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing F Certified Copy (Additional copenclosed)	Certi oy is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Corp The Centre of	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

	to Articles of Incorporation	
•	of	2024 COX -8 -6111:48
(Name of Corporation as currently filed with the Fl	lorida Dent. of State)	
Community Lending Partners, Inc. (N2400000031)	,	· · · · · · · · · · · · · · · · · · ·
(Document	t Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name.	corporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADD</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered agent.		, enter the name of the
Name of New Registered Agent:	,	
New Registered Office Address:	(F	lorida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regist	ered 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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add				
Remove				
2) Change Add				
Remove 3) Remove Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add				
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee			icles, enter change(s) here: (Be specific)	
ARTICLE IX		<u></u>		
Upon the dissolution of this orga	unization, as	ssets shall l	be distributed for one or more exempt purposes	
within the meaning of section 50	H(c)(3) of t	the Internal	Revenue Code, or corresponding section of any	
future federal tax code, or shall	be distribute	ed to the fe	deral government.	
or to a state or local vovernment	. for a publi	ic nurnose.		

				
				
				
The date of each amendment(s) adoption date this document was signed.				, if other than the
Effective date <u>if applicable</u> : 10/02/2024	(no more than 90 day		Cl. Land	
Note: If the date inserted in this block doe document's effective date on the Departme	s not meet the applic	able statutory filing		date will not be listed as the

(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.

Adoption of Amendment(s)

	n to a range.
ŀ	0/02/2024
Dated _	<u> </u>
	$\sim M$
Signature _	(f)
b	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)
	James T Henderson
	(Typed or printed name of person signing)
	Treasurer