

This Document Prepared By:  
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**SHIP PROGRAM  
REHABILITATION/REPLACEMENT GRANT AGREEMENT  
MODIFICATION**

This Modification to the State Housing Initiatives Partnership (SHIP) Rehabilitation/Replacement Grant Agreement ("Grant Agreement") dated September 14<sup>th</sup>, 2023 by and between **Polk County, a political subdivision of the State of Florida ("COUNTY")**, and **Bernice W. Lopez, ("OWNER")** (each a "Party" and collectively "Parties"), is entered as of this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

WHEREAS, the Parties wish to increase the original grant agreement to cover cost of additional recording fees.

NOW, THEREFORE, for and in consideration of the premises and the mutual promises and agreements herein, the parties hereto agree as follows:

1. Section 1 is hereby amended to read as follows:

The OWNER(S) agree(s) to accept an increase of Twenty-Four No/100 Dollars (\$24.00) to the original grant agreement to be used for recording fees. This increase is a result of modifications made to the original estimated recording costs.

2. This Amendment 1 is hereby made a part of the Grant Agreement. All provisions of the Grant Agreement not in conflict with this amendment are still in effect.

[SIGNATURES APPEAR ON NEXT PAGE]

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed by their duly authorized officers.

ATTEST:

OWNER(S):

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Bernice W. Lopez

\_\_\_\_\_  
Witness

\_\_\_\_\_  
N/A  
Homeowner

Attest:  
Stacy M. Butterfield, Clerk

Polk County, Florida, a political  
subdivision of the State of Florida

BY: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
W. C. Braswell, Chair      Date  
Board of County Commissioners

**STATE OF FLORIDA  
COUNTY OF POLK**

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 2024 by Bernice W. Lopez, who ☐ is personally known to me or ☐ has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(AFFIX NOTARY SEAL)

\_\_\_\_\_  
Notary Public  
Print Name \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_