

**FIRST AMENDMENT TO THE SITE DEVELOPMENT ASSISTANCE FUNDING
AGREEMENT**

THIS **FIRST AMENDMENT TO THE SITE DEVELOPMENT ASSISTANCE FUNDING AGREEMENT** ("First Amendment") is made and entered into as of the ____ day of _____, 2021, by and between the **DELRAY BEACH COMMUNITY REDEVELOPMENT AGENCY**, a public agency created pursuant to Section 163, Part III, Florida Statutes, (hereinafter referred to as the "CRA"), and **MARION ASSOCIATES, LLC**, a Florida limited liability company (hereinafter referred to as "GRANTEE").

W I T N E S S E T H:

WHEREAS, the CRA and the GRANTEE previously entered into a Site Development Assistance Funding Agreement dated August 6, 2020, (the "Original Agreement"); and

WHEREAS, the CRA and GRANTEE agree to enter into this First Amendment in order to extend the Termination Date to April 30, 2022; and

NOW THEREFORE, in consideration of the promises, mutual covenants, provisions, and undertakings hereinafter contained, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. That the recitals set forth above are true and correct and are incorporated herein by reference.

2. Effective as of the date first written above, CRA and GRANTEE hereby agree to amend the Original Agreement to extend the Termination Date to April 30, 2022.

3. That except as amended herein, the CRA and GRANTEE ratify, approve, and reaffirm the terms of the Original Agreement and the Original Agreement shall remain in full force and effect, except as amended herein.

4. In the event of any conflict or ambiguity by and between the terms and provisions of the Original Agreement and this First Amendment, this First Amendment shall control to the extent of any such conflict or ambiguity.

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IN WITNESS WHEREOF, the parties have executed this Second Amendment on
the date first written above.

**DELRAY BEACH COMMUNITY
REDEVELOPMENT AGENCY**

By: _____
Renee Jadusingh, Executive Director

ATTEST:

Name:
Title:

APPROVED TO FORM:

CRA Legal Advisor

ATTEST: **MARION ASSOCIATES, LLC**, a Florida limited
liability company

By: _____ By: _____
Print Name: _____ Title: _____

STATE OF FLORIDA)
)ss:
COUNTY OF _____)

The foregoing instrument was acknowledged before me by means of ____ physical
presence or ____ online notarization, this ____ day of _____, 2021, by
_____, as _____ (name of officer or agent,
title of officer or agent), of Marion Associates, LLC, a Florida limited liability company, on
behalf of the limited liability company. He/She is personally known to me or has produced
_____ (type of identification) as identification.

Signature

Name and Title

Commission Number