N17000011354

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

The Beth Reale NAME OF CORPORATION:	Foundation, Inc.		
N17000011354 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are			
Please return all correspondence concerning this	matter to the following:		
Albert Reale			
	(Name of Contact Pe	erson)	
The Beth Reale Foundation, Inc.			
	(Firm/ Company	·)	
3601 S Atlantic Avenue, #602			
	(Address)		
Daytona Beach Shores, FL 32118			
	(City/ State and Zip C	Code)	
albert.reale@gmail.com			
E-mail address: (to be	used for future annual rep	ort notification	n)
For further information concerning this matter, p	lease call:		
Albert Reale	at	413	336-1259
(Name of Contact P			(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ide payable to the Florida I	Department of	State:
	ee & \$\Bigsquare\$ \$\\$43.75 \text{ Filing Fee} atus & Certified Copy (Additional copy is enclosed)	Certif s Certif (Addi	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Dis	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Beth Reale Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N17000011354 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: N/A(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: (Florida street address) New Registered Office Address: (Zip Code) 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 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: \underline{X} Change \underline{X} Remove \underline{X} Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Carol Magdon	2987 S Atlantic Avenue
Add			Apt 904
X Remove			Daytona Beach Shores, FL 321118
2)Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
/ Change			
Add			
Remove			
Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
	· · · ·
	·
	

The date of each amendment(s) ado	ption:	, if other than the
late this document was signed.		
Janua Effective date <u>if applicable</u> :	ry 31, 2019	
 	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block locument's effective date on the Department.	k does not meet the applicable statutory filing requirements, thi artment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes east for the ame	ndment(s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) wis.	as/were
January 31, 2 Dated	2019	
SignatureCiSI	\$2 / / 0	
have not beer	nan or vice chairman of the board, president or other officer-if in selected, by an incorporator — if in the hands of a receiver, trappointed fiduciary by that fiduciary)	
Albert Re	ale	
	(Typed or printed name of person signing)	~~~~
CFO		
	(Title of person signing)	