

N19000003521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

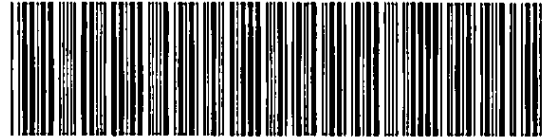
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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: The Association of Florida Magistrates and Hearing Officers, Inc.

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

KATHRYN M. BEAMER, ESQ  
(Name of Contact Person)

KATHRYN M. BEAMER, PA  
(Firm/ Company)

11811 US Highway One, Suite 102  
(Address)

NORTH PALM BEACH, FL 33408  
(City/ State and Zip Code)

KATHRYN.BEAMER.PA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHRYN BEAMER, ESQ. at 561 686-0803  
(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:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Previously PD

**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



RECEIVED

2022 NOV -7 PM 12:22

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2022

KATHRYN BEAMER  
11811 US HIGHWAY ONE  
SUITE 102  
NORTH PALM BEACH, FL 33408

SUBJECT: THE ASSOCIATION OF FLORIDA MAGISTRATES AND HEARING  
OFFICERS, INC.  
Ref. Number: N19000003521

We have received your document for THE ASSOCIATION OF FLORIDA  
MAGISTRATES AND HEARING OFFICERS, INC. and your check(s) totaling  
\$35.00. However, the enclosed document has not been filed and is being  
returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes  
(chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit  
corporation, this document should be filed pursuant to chapter 617, Florida  
Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 622A00023746

*P/s See attached 'Thank You*

Articles of Amendment  
to  
Articles of Incorporation  
of

2022 NOV -7 PM 4:11

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

The ASSOCIATION OF FLORIDA MAGISTRATES and Hearing Officers, Inc.  
(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:

(Florida street address)

New Registered Office Address:

(City) \_\_\_\_\_, Florida \_\_\_\_\_  
(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:

<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	CHAIR	KEITH SCHENCK	110 N. APOPKA AVE LAVERNESS, FL 33450
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	CHAIR ELECT	LISA BEDWELL	425 N. ORANGE AVE 360-C ORLANDO, FL 32801-1515
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	TREASURER	ALVIN BALENT, JR.	175 SW 1ST AVE #236 MIAMI, FL 33128-1835
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	SECRETARY	MARY NARDI	301 PARK AVE SANFORD, FL 32771-1243
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			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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**Adoption of Amendment(s) (CHECK ONE)**

- ☐ 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 10/31/2022

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)

Keith Schenck

(Typed or printed name of person signing)

Chair

(Title of person signing)