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COVER LETTER

TO: Amendment Section *

Division of Cor	porations	•	etr.
NAME OF CORPO	DRATION: Beth McGovern, R	ealtor, Inc.	
	IBER: P20000043304		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Michael M. Bajalia, Esq.		
		Name of Contact Person	n
	Bajalia Law Office		
		Firm/ Company	
	11512 Lake Mead Ave., Suite	e 301	
		Address	
	Jacksonville, FL 32256		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	
	mbajalia@bajalialawoffice.co		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Michael M. Bajalia,	Esq.	904	352-1121
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Address Iment Section
	vision of Corporations		n of Corporations
	D. Box 6327		entre of Tallahassee N. Monroe Street, Suite 810
ı a.	llahassee, FL 32314		issee, FL 32303

Articles of Amendment to Articles of Incorporation of

Bein McGovern, Realtor, Inc.		
· · ·	as currently filed with the Florida Dept. of State)	
P20000043304		
(Document	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	amendment(s) t
A. If amending name, enter the new name of the corp	poration:	
Beth McGovern, Inc.		The new
	poration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain	1 "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(ESS)	1020 JUL
	<u></u>	
C. Enter new mailing address, if applicable:	_	<u> →</u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)) <u> </u>	99 ±
		<u> </u>
Bre I de la	1 65 14 1 El (4) 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		
Name of Name Desirement Assure		
Name of New Registered Agent		
 	(Florida street address)	
	,	
New Registered Office Address:	(City), Florida, Florida	 ode)
	•	
New Registered Agent's Signature, if changing Register		
I nereby accept the appointment as registered agent. I at	am familiar with and accept the obligations of the position.	
Signatur	ure of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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)

Example:

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.

X Change	PT John	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			<u> </u>
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		 	
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary	v). (Be specific)			
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an amendment j	orovides for an ex	cchange, reclassifi	cation, or cancell	ation of issued sha	res,
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) adoption:	, if other than the
date this document was signed.		
Effective date if applicable: _	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	•
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following sta for each voting group entitled to vote separately on the amendment(s):	itement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
July 22	2020	
Dated		
Signature		
(By scle	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other binted fiduciary by that fiduciary)	
	Elizabeth McGovern	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	