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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI		IATION FOR WOM	EN LAWYER	S, MARTIN COUNTY CHA	APTER, I
DOCUMENT MUMBER.	N09000003740				
DOCUMENT NUMBER:	 				
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	ter to the following:			
Gloretta H. Hall					
		(Name of Contact P	erson)		
		(Firm/ Compan	y)		
P.O. Box 472					
		(Address)			
Port Salerno, FL 34992					
	<u></u> .	(City/ State and Zip	Code)		
ghh@glorettahhallpa.com					
	E-mail address: (to be use	d for future annual re	port notificati	on)	
For further information con	cerning this matter, please	e call:			
Gloretta H. Hall		а	772	324-8166	
	(Name of Contact Person			(Daytime Telephone Nun	ıb e r)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	f State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Cert is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	

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

Articles of Amendment to Articles of Incorporation ٥ſ

			The Con-
	Articl	ies of Amendment	
	ماملة المساه	to	•
	Article	es of Incorporation of	
FLORIDA ASSOCIATION FOR WOMEN LAWY	ERS, M	ARTIN COUNTY CHAPTER, INC.	
(Name of Corporation as currently filed with the	Florida	Dept. of State)	
N09000003740			
(Docume	nt Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statut	tes, this Florida Not For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the	corpora	tion:	
Martin County Women Lawyers Association, Inc.			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corpord	ation" or "incorporated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicat		1115 S. E. Ocean Blvd.	
(Principal office address MUST BE A STREET A)	DRESS	Stuart, FL 34996-2517	
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>(OX</u>)	P.O. Box 472	
		Port Salerno, FL 34992	
D. If amending the registered agent and/or regis			
new registered agent and/or the new registere			
Name of New Registered Agent:	Gioretta		
	1115 S. I	E. Ocean Bivd.	
New Registered Office Address:		(Florida street address)	
	Stuart	34996	,
		(City) Florida (Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	I am fo	amiliar with and accept the obligations of the position.	
-	S	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: X.Change X.Remove X.Add		<u>Doe</u> <u>Jones</u> Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) x Change Add	<u>P</u>	Gloretta H. Hall	1115 S. E. Ocean Blvd. Stuart, FL 34996
Remove 2) × Change Add	<u>v</u>	Elizabeth Hunter	815 SE Osceola Street Stuart, FL 34994
Remove 3) X Change Add Remove	<u>s</u>	Melissa Clasen	850 NW Federal Hwy., Ste. 205 Stuart, FL 34994
4) <u>×</u> Change Add	<u>T</u>	Julie Treacy	2740 SW Martin Downs Blvd., #57 Palm City, Florida 34990
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or add (attach additional sh		rticles, enter change(s) here: (Be specific)	

		
		
		_
		<u></u>
The date of each amendment(s) adoptions date this document was signed.	:	, if other than the
Effective date if applicable:		
(1	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

Ø	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 _5/21/20					
	Signature Strutte H. Hall					
	(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)					
	Gloretta H. Hall					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					