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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Polk County Young	Lawyers Division, Inc.
DOCUMENT NUMBER: N13000002708	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this mat	er to the following:
Catherine Simon	
	(Name of Contact Person)
Peterson & Myers, P.A.	
	(Firm/ Company)
Post Office Box 24628	
12	(Address)
Lakeland, Florida 33802	
• <del> </del>	(City/ State and Zip Code)
csimon@petersonmyers.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	call:
Catherine Simon	863 683-6511 at
(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Department of State;
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Polk County Young Laywers Division, Inc.

(Name of Corporation :	s currently filed with the Florida Dept. of State)
N13000002708	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following
A. If amending name, enter the new name of the	corporation:
Tenth Circuit Young Lawyers Section, Inc.	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "incorporated" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)  D. If amending the registered agent and/or registered agent and/or the new registered Mame of New Registered Agent:	ered office address in Florida, enter the name of the
New Registered Office Address:	Triorida sireer adaress)
-	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re 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
	Page 1 of 4

(Attach additional sheets Please note the officer/di P = President; V= Vice I Executive Officer; CFO : held. President, Treasure	rector titt President, = Chief F	le by the first le T= Treasurer inancial Office	S= Secretary: L r. If an officer/d	)= Director: TR=	= Trustee; e than on	C = Chairman or Clerk; CEO = C e title, list the first letter of each off.
Changes should be noted	in the fo	llowing manne, prporation, Sal	 			nd Mike Jones is listed as the V. Tl. I be noted as John Doe, PT as a Ch
Example:  X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith				
Type of Action (Check One)	Title	<u>Nan</u>	<u>sc</u>		<u>A</u>	<u>ddres</u> s
1) Change				<u>.</u>		
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2) Change						
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4) Change						
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Remove					<del></del>	
5) Change						
Add						
Remove						<del></del>
6) Change						
Add						
Remove			Pag	ge 2 of 4		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam

address of each Officer and/or Director being added:

. If amending or adding additional Articular (attach additional sheets, if necessary).	icies, ente	er enange(s) nere.
(anach daditonal sheets, if hecessary).	(1)( 3)(4	
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	e date of each amendment(s) adoption: e this document was signed.	, if other than
Eff	ective date <u>if applicable</u> :	than 90 days after amendment file date)
	te: If the date inserted in this block does not me ument's effective date on the Department of Sta	et the applicable statutory filing requirements, this date will not be listed as the te's records.
Ade	option of Amendment(s) (CHEC	KONE)
	The amendment(s) was/were adopted by the mwas/were sufficient for approval.	nembers and the number of votes cast for the amendment(s)
	There are no members or members entitled to adopted by the board of directors.	vote on the amendment(s). The amendment(s) was/were
	Dated May 14, 2019	
	Signature Catherine Af	rim-
	(By the chairman or vice cha	airman of the board, president or other officer-if directors an incorporator – if in the hands of a receiver, trustee, or
	Catherine A. Simon	
	-	(Typed or printed name of person signing)
	President	
		(Title of person signing)

than t