P03000115984

(Re	questor's Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Sect Division of Corp			
NAME OF CORPO	RATION: Pamela T.	Karlson, P.A.	
	BER: P0300011598		
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	Melissa Barlaug		
		Name of Contact Person	1
	Pamela T. Karlso	on, P.A.	
		Firm/ Company	
	301 Dal Hall Blvd		
		Address	***
	Lake Placid, FL 3	33852	
		City/ State and Zip Cod	e
info	o@karlsonlaw.con	n	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Melissa Barla	aug	at (863	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ortment 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)
	ling Address		Address Iment Section
Divi	sion of Corporations	Divisio	n of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
1 3(1)	anassee, r.L 32314		issee, FL 32301

Articles of Amendment to Articles of Incorporation of



Pamela T. Karlson, P.A.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
P03000115984	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Karlson Law Group, P.A.	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Ine," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation of the abbreviation of the abbreviation of the abbreviation of the abbreviation the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	301 Dal Hall Blvd
	Lake Placid, FL 33852
D. <u>If amending the registered agent and/or registered office addresses</u> new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent N A	
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent—I am familiar wi	th 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, no	ame, 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		<u> </u>	
2) Change Add Remove			
3) Change Add Remove		<u> </u>	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

attach additional sheets, if necessary).	(Be specific)	~/A	
			<u> </u>
		***	·
			••••
			
an amendment provides for an exch	anga malaggifianti	on or consultation of is	and shouns
provisions for implementing the amer	ange, recrassineari ndment if not conta	ined in the amendment	itself:
(if not applicable, indicate N/A)			
	NIF	r	
			

The date of each amendment(s) ac	loption: 6/1/2012
Effective date if applicable: 6/	1/2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The umendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated <u>6/1</u> Signature	/12
Signature	Gamelo Skorlon
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	PAMELA T. KARLSON
	(Typed or printed name of person signing)
	President
	(Title of person signing)