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(Re	equestor's Name)	
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(Do	ocument Number)	
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Amend Mame

COVER LETTER

Division of Corporations					
NAME OF CORPORATION: Karlyn E. Askeland P.A. DOCUMENT NUMBER: P07000057622					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Karlyn E. Randolph Name of Contact Person Karlyn E. Randolph P.A. Firm/Company 1718 N. Lakeside Dr. Address Lake Worth FL. 33460 City/ State and Zip Code Karly. randolph @ me. um E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Karlyn Randolph at 561 714. 3131 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					
Amendment Section Amendment Section					

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation as currently filed with the Florida Dept (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Randolph name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." Same 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: Same (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: 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.

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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		Address	
1) Change	9/D	Karlyn E	E. Randolph	Lake worth FL	, Д.
Remove			-	33460	
2) Change Add					
Remove 3) Change Add		-	- 		
Remove 4) Change Add					
Remove			-		
5) Change Add Remove			-		
6) Change	-				
Add Remove			_		

If amend Attach a	ling or adding adding additional sheets,	additional Art if necessary).	t <mark>icles, enter ch</mark> (Be specific)	ange(s) here:			
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provisio	endment provi ons for implement ont applicable, i	enting the amo	hange, reclass endment if not	fication, or can contained in th	cellation of is e amendment	sued shares, itself:	
NI	A						

The date of each amendment(s) adopt	tion:	, if other than the
date this document was signed.	•	
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> </u>
	(no more than 20 days after amenament fre date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
	yed by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated 7. 15	5.14	
SignatureK	Randolph tor president or other officer – if directors or officers have not been	
(5) " "	in directors of white feet week	
	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	Karlyn E. Randolph (Typed or printed name of person signing)	_
_	Registered Asont / Di	rector