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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Carlson Studio Arc	chitecture, Inc.		
DOCUMENT NUM	BER: P97000022792			<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Michael Carlson			
		Name of Contact Person	n	
	Carlson Studio Architecture,	Inc.		
	1501 E. Madison St. Suite I	Firm/ Company 50		
		Address		~
	Seattle, WA 98122	7.000053.		VELYHYZZE VELYHYZZE VELYHYZZE
		City/ State and Zip Cod	e	
miak	naelcarlson.the.architect@gmai	Laam		- 8 - 8
	~ -			
	n-maii address: (to be us	sed for future annual report	nonneation)	
For further information	on concerning this matter, pleas	se call:		P STORIDA
Michael Carlson		941 at (544-6365 de & Daytime Telephone	
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	■\$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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Idment Section on of Corporations on Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Carlson Studio Architecture, Inc.	
(Name of Corporatio	as currently filed with the Florida Dept. of State)
P97000022792	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
Carlson Studio Consulting Inc.	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	uess)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent	d office address in Florida, enter the name of the
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
	am familiar with and accept the obligations of the position.
Signa	ture 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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> 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				
2) Change			2019	Π
Add			JAN SK T	
Remove			्राप्त क	77
3) Change				フ
Add			CR 5	
Remove				
4) Change				
Add				
Remove				
51 Change				
Add				
Remove				
) Change		•		
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
- 			
		<u> </u>	
		 	
		<u> </u>	2819 19
		7.11 7.71	N
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	-		Q
		100 m	51
		.•*	
			 _
	nange, reclassification, or cancellation of issued shares,		
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:		
(3)			
			·

	2/1/2019	
The date of each amendment(s) :	idoption:	, if other than the
date this document was signed.		
	/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days aper amenament fre date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	1
	it for the amendment(s) was/were sufficient for approval	~2
bv	(voting group)	
9,	(voting group)	2
	±	2
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder.	震声 1
7	•	_ ~ · · · · · · · · · · · · · · · · · ·
	dopted by the incorporators without shareholder action and shareholder	
action was not required.		<u> </u>
1/15/201 Dated	$^{\prime}$	DIN G
Signature		
	director, president or other officer – if directors or officers have not been	
	led, by an incorporator – if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	, , , , , , , , , , , , , , , , , , ,	
	Michael R. Carlson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	