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,	
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PICK-UP WAIT MAIL	
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EXAMINER

AUG 17 2009

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BECRETARY OF STATE

COVER LETTER

Division of Co	rporations					
SUBJECT:	AGD HO	DLDINGS, LLC				
SCHOLCT.		ted Liability Company				
	Amendment and fee(s) are sub					
Please return all correspo	ondence concerning this matter	to the following:				
		Diane S. Perera				
		Name of Person				
	Diane S. Perera, P.A. Firm/Company					
	14540 SW 136 St. #208					
		Address				
	Miami, Florida 33186					
	DPerer	City/State and Zip Code a@dpconstructionlaw.com				
	E-mail address: (t	to be used for future annual report notific	ation)			
For further information of	concerning this matter, please c	all:				
	ane S. Perera	at (305) 2 Area Code & Daytime	252-1388 Telephone Number			
Enclosed is a check for t	the following amount:	•				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

TO: Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGD HOLDINGS, LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company value of C	were filed on	August 18, 2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	ere:	
PRAXIS SOLUTION	S GROUP, L	LC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Comp	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	-		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter the	e name of the new
Name of New Registered Agent:		TA L	<u>s</u>
New Registered Office Address:		P T	<u> </u>
	E	Inter Florida street add Frankling Florida	で を に に に に に に に に に に に に に
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		ָ בּ	23

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	George Perera	14540 SW 136 Street Suite 208 Miami, Florida 33186	Add Remove
MGR_	Diane S. Perera	14540 SW 136 Street Suite 208 Miami, Florida 33186	Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if necesse	ary.)
Dated	August 10	5. Peren	P AUG SECRET
		a member or authorized representative of a member Diane S. Perera	ASSEE H
		Typed or printed name of signee	
		Page 2 of 2	STATE CORID

Filing Fee: \$25.00