

LOS 0000 81513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

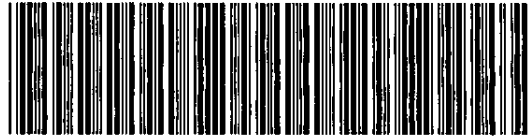
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900267386679

12/15/14--01044--013 **25.00

FILED
14 DEC 15 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGD HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIANE S. PERERA

Name of Person

DIANE S. PERERA, P.A.

Firm/Company

12485 SW 137 AVE. #106

Address

MIAMI, FL. 33186

City/State and Zip Code

DPERERA@DPCONSTRUCTIONLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIANE S. PERERA

305 252-1388

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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 Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/18/2005 and assigned
Florida document number L05000081513

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PRAXIS SOLUTIONS GROUP, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12485 SW 137 AVE.

(Principal office address MUST BE A STREET ADDRESS)

SUITE 106

MIAMI, FL 33186

Enter new mailing address, if applicable:

12485 SW 137 AVE.

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 106

MIAMI, FL. 33186

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DIANE S. PERERA, P.A.

New Registered Office Address:

12485 SW 137 AVE. #106

Enter Florida street address

MIAMI

Florida

City

33186

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

Diane S. Perera

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GEORGE S. PERERA JR	12485 SW 137 AVE. #106	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33177	<input type="checkbox"/> Remove
MGRM	GEORGE S. PERERA JR	14540 SW 136 ST. #208	<input type="checkbox"/> Add
		MIAMI, FL. 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 DEC 15 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

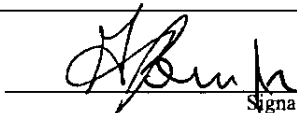
FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 12, 2014



Signature of a member or authorized representative of a member

GEORGE S. PERERA, JR.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 DEC 15 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA