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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRO-FICIENT HEALTHCARE SYSTEM CONSULTING, LLC

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COVER LETTER

	ation Section r of Corporatious
SUBJECT: PR	O-FICIENT HEALTHCARE SYSTEM CONSULTING, LLC
SOBJECT:	Name of Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.
Please return all o	correspondence concerning this matter to the following:
	Cheyenne Moseley
	Name of Person
	Legalzoom.com, Inc.
	Firm/Company
	100 W. Broadway Suite 100
	Address
	Glendale, CA 91210
	City/State and Zip Code donatiennencel@gmail.com E-mail address: (to be used for future annual report notification)
For further inform	mation concerning this matter, please call:
Imelda Vasque	323 962-8600 ext 7950
	Name of Person Area Code Daytime Telephone Number
-Enclosed is a che	cck for the following amount:
\$25,00 Filing	g Fee \$\sum \$30.00 \text{ Filing Fee & } \sum \$55:00 \text{ Filing Fee & } \sum \$60.00 \text{ Filing Fee, } \\ Certificate of Status & Certified Copy & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Control of Corporations Clifton Building Cl
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE-TALLAMASSEE, FLORIDA

PRO-FICIENT HEALTHCARE SYSTEM CONSULTING, LLC

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

Florida document number L11000120063 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Praxis Consulting Group, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida stress address Florida Clay Zap 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 and accept the obligations 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 and position address. I hereby confirm that the limited liability company has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Agent If Changing Registered Agent, Signature of New Registered Agent	The Articles of Organization for this Limited Lightlity Com	many were filed on	10/20/2011	and assigned
This amending name, enter the new name of the limited liability company here: Praxis Consulting Group, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the subreviation "LLC." 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 office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida stress address Florida Clay The 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 will 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. If Changing Registered Agent, Signature of New Registered Agent.	Fig. 1. d	apmag. more raise on		
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