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U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRAXIS WORKSHOP 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:

VERONICA GUERRERO

Name of Person

PRAXIS WORKSHOP LLC

Firm/Company

9428 BAYMEADOWS ROAD SUITE 502

Address

JACKSONVILLE FL 32256

City/State and Zip Code

E-FILETAXDIGITALBKKGLLC@OUTLOOK.COM

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

For further information concerning this matter, please call:

VERONICA GUERRERO

407 754-4192

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PRAXIS WORKSHOP 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 01/05/2015 and assigned
Florida document number L15000001879.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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, 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	ANDRES LEON	8018 HUNTERS GROVE ROAD	<input type="checkbox"/> Add
		JACKSONVILLE FL 32256	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
P	VERONICA GUERRERO	6989 COLD WATER DRIVE	<input type="checkbox"/> Add
		JACKSONVILLE FL 32258	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

1. The corporation unanimously decided to change the position of President to the name of Veronica Guerrero

2. The corporation unanimously decided to change the distribution of shares as follows

Veronica Guerrero 51.0/100= 51% Shareholding

Gabriel Arango 24.5/100= 24.5% Shareholding

Andres Leon 24.5/100= 24.5% Shareholding

3. In the event that a partner decides to leave, dies or there are problems between the partners.

A mechanism must be created between the partners to value the participation in the company

and ensure that the purchase/sale conditions are reasonable

E. Effective date, if other than the date of filing: 12/06/2024 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/07 2024

Veronica Guerrero

Signature of a member or authorized representative of a member

VERONICA GUERRERO

Typed or printed name of signee