

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
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## From:

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Phone : (888)462-3453  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: EFILE1234@INCFILE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CLOVIS NUTRITION & TRAINING SYSTEMS LLC

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Electronic Filing Menu

Corporate Filing Menu

Help T. LEWIS

SEP 20 2023

## COVER LETTER

(((H23000325499 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: CLOVIS NUTRITION & TRAINING SYSTEMS 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:

LOVETTE DOBSON

Name of Person

Firm Company

17350 STATE HWY 249 #220

Address

HOUSTON TX 77064

City State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

8884623453

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 Address:

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

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

(((H23000325499 3)))

**CLOVIS NUTRITION & TRAINING SYSTEMS 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 12/05/2022 and assigned Florida document number L22000510581.

This amendment is submitted to amend the following:

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

**PRAXIS NUTRITION & TRAINING SYSTEMS LLC**

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

**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*

City, Florida 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**

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H23000325499 3)))

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<div></div>	<div></div>	<div></div>	<div><input type="checkbox"/>Add</div>
		<div></div>	<div><input type="checkbox"/>Remove</div>
		<div></div>	<div><input type="checkbox"/>Change</div>
<div></div>	<div></div>	<div></div>	<div><input type="checkbox"/>Add</div>
		<div></div>	<div><input type="checkbox"/>Remove</div>
		<div></div>	<div><input type="checkbox"/>Change</div>
<div></div>	<div></div>	<div></div>	<div><input type="checkbox"/>Add</div>
		<div></div>	<div><input type="checkbox"/>Remove</div>
		<div></div>	<div><input type="checkbox"/>Change</div>
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		<div></div>	<div><input type="checkbox"/>Remove</div>
		<div></div>	<div><input type="checkbox"/>Change</div>

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D) If amending any other information, enter change(s) here: *no other amendments*

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

1.  $\forall x \in X, \exists y \in Y, \exists z \in Z, x \leq y \wedge y \leq z$  is satisfied in  $\mathcal{M}$  iff  $\exists y \in Y, \exists z \in Z, \exists x \in X, x \leq y \wedge y \leq z$  is satisfied in  $\mathcal{M}$ .

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

On the 1st and 5th species a delayed effective time but not an effective time at 12.3 °C on the critical study. The 9th day after the 1st and 5th species

Date: September 15

2023

\* A member or authorized representative of a company.

Price Moore

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