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05/20/21/

## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
SUBJECT: PRAXIS M	10TOS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OSCAR M ROMERO		
		Name of Person	<del></del>
		Firm/Company	
	1300 ST CHARLES PL A	PT 307	; 
		Address	
	PEMBROKE PINES, FL		二 ————————————————————————————————————
		City/State and Zip Code	 C
	E-mail address: (	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
OSCAR ROMERO		at ()	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Cor	
P.O. Box 632	.7	The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRAXIS MOTOS LLC			
( <u>Name of the Limited I</u> (A F	iability Compa Iorida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company	1-1-1	and assigned
Florida document number <u> </u>	<u> </u>		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liab	pility company here:	
PRAXIS MOTORS, LLC			
The new name must be distinguishable and contain the words	"Limited Liabi	ility Company," the designation "LLC" or the al	bbreviation #L.L.C."
Enter new principal offices address, if applicable	p•		· :
(Principal office address MUST BE A STREET ADDRE		1300 ST CHARLES PL APT 307	
		PEMBROKE PINES, FL 33026	•
		-	+ rs
Enter new mailing address, if applicable:		SAME	
Mailing address MAY BE A POST OFFICE BO	X)		4.
3. If amending the registered agent and/or regis	stered office	address on our records, enter the nan	ie of the new registe
igent and/or the new registered office address h		, <u> </u>	
Name of New Registered Agent:	OSCAR M RO	OMERO	
New Registered Office Address:	SAME		
		Enter Florida street address	
		, Florida	
<del>-</del>			Zin 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>	Address	Type of Action
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			□Remove
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effective date is listed, the date mee: If the date inserted in this t	ust be specific and cannot be prior to block does not meet the applicab Department of State's records.			
cord specifies a delayed effecti s filed.	ive date, but not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The S	90th day after th
ed MAY 10	2024  Signature of a member or authorize			

Filing Fee: \$25.00