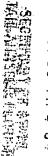
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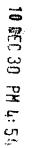
FROM: (PLEASE PRINT) PHONE ( \$13 469-0415
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Praxis Interna	tional, l	nc.		
DOCUMENT NUME	BER: N10000000661				
The enclosed Articles	of Amendment and fee are sul	bmitted for	r filing.		
Please return all corres	spondence concerning this mat	tter to the	following	<b>;</b> :	
<del></del>		eban Ote			
	(Name of	f Contact F	erson)		
	Praxis In	iternation	al, Inc.		
	(Firm	n/ Compan	y)		
	PO B	OX 2903	353		
<del></del>	(.	Address)			***
	TEMPLE TE	RRACE	. FL 336	517	
<del></del>	<del> </del>	ite and Zip			***************************************
	Esteban(				
<del></del>	E-mail address: (to be use	d for futu	re annual	report notifica	ition)
For further information	n concerning this matter, pleas	e call:			
Esteban Otero		at (	813	, 477-494	4
(Name o	of Contact Person)			Code & Daytir	ne Telephone Number)
Enclosed is a check for	r the following amount made p	ayable to	the Floric	da Department	t of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	ied Copy tional co		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. B	g Address Iment Section on of Corporations ox 6327 assec. FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporation Building	ons

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation** of

#### Praxis International, Inc.

#### (Name of Corporation as currently filed with the Florida Dept. of State)

#### N10000000661

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts

he new name must be distinguishable and co	ontain the word	"corneration" or "	'incornerated" or the
bbreviation "Corp." or "Inc." <u>"Company" o</u>			
. Enter new principal office address, if app Principal office address MUST BE A STREE	•	<del></del>	
(Mailing address MAY BE A POST OFFICE			<del> </del>
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX		
	CE BOX)  registered office		, enter the name of ti
(Mailing address MAY BE A POST OFFICE	CE BOX) registered office stered office add		, enter the name of t
(Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or remove registered agent and/or the new registered.)	CE BOX) registered office stered office add	ress:	enter the name of the
(Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or remove registered agent and/or the new registered.)	ce BOX)  registered office stered office add  Tir  1214 V	ress: n Pearson	, enter the name of ti
(Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or registered agent and/or the new registered Agent.  Name of New Registered Agent.	cegistered office stered office add Tir 1214 V (Florid	ress: n Pearson V. Bearss Ave.	enter the name of the control of the

he position.

Signature of New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		
<del></del>	<del>. , ., , </del>		
NEWTON PLANTAGE STATE	**************************************		Add Remove
(attach a	dditional sheets, if necessary	<u>Articles, enter change(s) here</u> : y). <i>(Be specific)</i> national, Inc. (Hereafter "Praxis") is org	ganized exclusvely for
<del></del>		and scientific purposes, including, for	
		zations that qualify as exempt organiz	
		ng section of any future federal tax co	
	<u> </u>		
No part of	the net earnings of Pra	axis shall inure to the benefit of, or be	distributable to its
members,	trustees, officers, or ot	ther private persons, except that Prax	is shall be authorized
and empo	wered to pay reasonab	le compensation for services rendere	d and make payments
and distrib	outions in furtherance of	f the purposes setforth in the purpose	clause hereof. No
substantia	al part of the activities o	f Praxis shall be the carrying on of pro	opoganda, or otherwise
attempting	g to influence legislation	n, and Praxis shall not participate in, o	or intervene in (including

the publishing or distribution of statements) any political campaign on behalf of any candidate

for public office. Nothwithstanding any other provision of this document, Praxis shall not carry

on any other activities not permitted to be carried on by an organization: (a) exempt from feder

The date of each amendment(s) a	doption: 12 July 170
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated 12 2	-9/10
Çi	
Signature	chairman of vice chairman of the board, president or other officer-if directors
	been selected, by an incorporator - if in the hands of a receiver, trustee, of
other con	urt appointed fiduciary by that fiduciary)
	Tim Pearson
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)

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