004000044172

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PRAXIS INDUST	RIES INC				
DOCUMENT NUMI	P04000044172					
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	JAMES GONZALEZ					
		Name of Contact Person	n			
	AT PLUS CORP					
		Firm/ Company				
	3650 NW 82ND AVE SUITE 404					
	Address					
	DORAL, FL 33166					
		City/ State and Zip Cod	e			
ATP1	.US@LIVE.COM					
	=	sed for future annual report	notification)			
	•	·				
For further information	n concerning this matter, pleas	se call:				
JAMES GONZALEZ		305	406-3800			
Name (of Contact Person	at (305) 406-3800 Area Code & Daytime Telephone Num				
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address		Street	Address			
Amendment Section		Amendment Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PRAXIS INDUSTRIES INC (Name of Corporation as currently filed with the Florida Dept. of State) P04000044172 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John De	<u>)e</u>	
X Remove	<u>v</u>	Mike Je	ones .	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		MICHAEL CRITCHEEY	1065 NE 125TH ST
Add		_		#321
X Remove				North Miami, FL 33161
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
	<i></i>
	
	/
	•
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	- -/
_	

The date of each amendment(s) adoption:	, if oth	er than the
date this document was signed.		
Effective date if applicable:		_
(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	rill not be li	isted as the
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
"The number of votes east for the amendment(s) was/were sufficient for approval		
by"	7.4	
(yoting group)		
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	AUG 18 I	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	P	£
Dated	- သ - သ	· ·
Signature		
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
ILIAS LEKAKOS		
(Typed or printed name of person signing)		_
PRESIDENT		
(Title of person signing)	*	_