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JUL 07 2017

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: Praxiz Group DOCUMENT NUMBER: P17000008849 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Frank N. Peluso Name of Contact Person Praxiz Group Firm/ Company 18331 Pines Blvd, Suite 198 Address Pembroke Pines, FL 33029 City/ State and Zip Code info@praxizgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954 ) 205-2042

Area Code & Daytime Telephone Number Frank N. Peluso Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Praxiz Group		
(Name of Corporation	n as currently filed with the Flor	ida Dept. of State)
P17000008849		
(Docume	ent Number of Corporation (if know	wn)
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this <i>Florida Profit Corpo</i>	oration adopts the following amendment(s
A. If amending name, enter the new name of the cor	poration:	
		The _new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	""Inc," or "Co". A professional	
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	RESS )	
	·	
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
	<del></del> -	
). If amending the registered agent and/or registered new registered agent and/or the new registered of		the name of the
Name of New Registered Agent		
·	(Florida street address)	
New Registered Office Address;	(City)	, Florida
	12.797	mp conce
iew Registered Agent's Signature, if changing Regis	stered Agent:	
hereby accept the appointment as registered agent. I t		pligations of the position.
Signat	ure of New Registered Agent, if ch	anving

## 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: X Change	<u>PT</u>	John Doe			
X Remove	$\underline{V}$	Mike Jones			
$X  ext{ Add}$	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change	CEO	Milagros Orsini Pet	uso	781 SW 189th Ave	
X Add				Pembroke Pines, FL 33029	
Remove					
2) Change			<del></del>		
Add				<del>-</del>	
Remove					
3 ) Change					
Add					
Remove					
4) Change				·	
Add					
Remove					
51 Change					
Add					
Remove					
6) Change			<del></del>		
Add					
D.maria					

•	il sheets, if necessary). (1	Be specifici			
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f	et manufalor formum er ellere			· · · · · · · · · · · · · · · · · · ·	
provisions for	it provides for an exchang implementing the amendr	ge, reclassification ment if not contair	ed in the amendme	issueu snares, ent itself:	
(if not app	icable, indicate N/A)				
	<del>-</del>				
		<u>-</u> •			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	27
(no more than 90 days after amendment f	ile date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action an action was not required.	d sharcholder
June 23, 2017 Dated	
Signature 1. COCA CO	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)	
Frank N. Peluso	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	