

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### ANAC TRAINING LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
ANAC TRAINING LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 12/18/2018 and assigned Florida document number: L18000289806

**Article I**

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

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

**Article II**

Enter new principal offices address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)  
5401 S KIRKMAN RD STE 135 ORLANDO FL 32819 US

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)  
5401 S KIRKMAN RD STE 135 ORLANDO FL 32819 US

**Article IV**

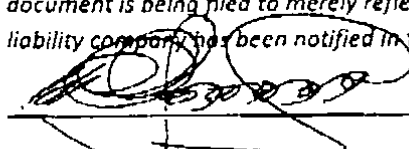
**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: US TAX CONSULTING INC

New Registered Office Address: 5401 S KIRKMAN RD STE 135, ORLANDO FL 32819

**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.*

  
\_\_\_\_\_  
By Rodrigo Cavalcante

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

Title	Name	Address	Type of Action
AMBR	CLAMIDE CAVALCANTI DE A SIQUEIRA	5401 S KIRKMAN RD STE 135	REMOVE <input type="checkbox"/>
		ORLANDO FL 32819	ADD <input checked="" type="checkbox"/>

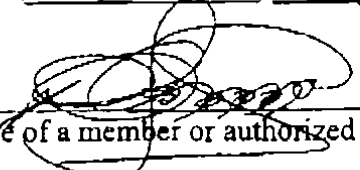
C. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE CHANGE THE ADDRESS THE AMBR OFFICER ANACSAGORA DE ARAUJO SIQUEIRA FOR 5401 S. KIRKMAN RD STE 135, ORLANDO FL 32819.

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: 20<sup>th</sup> August 1, 2019.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Rodrigo Cavalcante

Typed or printed name of signee

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TALLAHASSEE, FLORIDA