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S. ROTTRT3
FEB 1 2 2025

COVER LETTER

TO:	Registration Se Division of Cor				
	Anor Consu	ilting, L.L.C.			
SUBJI	ECT:				
		Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		Dr. Henri A. LaSane			
		<u></u>	Name of Person		
Name of Person Anor Consulting, LLC Firm/Company 9938 County Road 231 Address Wildwood, FL 34785 City/State and Zip Code					
			Firm/Company		
Firm/Company 9938 County Road 231 Address Wildwood, FL 34785					
		· · ·	Address		
		Wildwood, FL 34785			
Wildwood, FL 34785					
			to be used for future annual report notif	ication)	
For fu	ther information c	oncerning this matter, please ca	all:		
Dr. He	nri LaSane		786 393-8442		
	Name o	of Person	at () Area Code Davtime	Telephone Number	
			, , , , , , , , , , , , , , , , , , ,		
Enclos	ed is a check for th	he following amount:			
□ S2	5.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anor Consuling, LLC			
(Name of the Limi	ted Liability Comp. (A Florida Limited	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L. 1.20000099692		were filed on	0 and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liab	oility company here:	
Anor Leadership Alliance, LLC			
he new name must be distinguishable and contain the	words "Limited Liab	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		207
Enter new mailing address, if applicable:			AAC J
		N/A	N-2
Mailing address MAY BE A POST OFFICE	BOX)	_	m. i
			2. 2 FI
			(T)
3. If amending the registered agent and/or gent and/or the new registered office addre		address on our records	, enter the name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stre	et address
			, Florida
		City	Zip 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change
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			□Remove
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If an ef Note:	tive date, if other than the date of filing:	.0207 (3 ed as th
e reco ord is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after iled.	the
Dated	December 27	
	Signature of a member or authorized representative of a member	