

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 : CYAN CONSULTANTS INC.  
Account Number : I20180000074  
Phone : (321)710-2030  
Fax Number : (407)650-3216

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

Email Address: documents@cyancinc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN:  
ALEX BORGES BUSINESS EDUCATION, LLC

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FEB 01 2022

T. LEMIEUX

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **ALEX BORGES BUSINESS EDUCATION LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ALEXANDRE BORGES RINOLFI**

\_\_\_\_\_  
Name of Person

**ALEX BORGES BUSINESS EDUCATION LLC**

\_\_\_\_\_  
Firm/Company

**7345 W SAND LAKE RD, SUITE 210 OFFICE 6732**

\_\_\_\_\_  
Address

**ORLANDO, FL 32819**

\_\_\_\_\_  
City/State and Zip Code

**contact@cyancinc.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**ALEXANDRE BORGES RINOLFI**

\_\_\_\_\_  
at ( 321 ) 710-2030

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

ALEX BORGES BUSINESS EDUCATION LLC,

~~(Name of the Limited Liability Company as it now appears on our records.)~~  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/10/2021 and assigned  
Florida document number L21000216979.

This amendment is submitted to amend the following:

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

-NO CHANGE-

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

111 E. Monument Ave, Suite 401-12

Kissimmee, FL 34741-5762

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 E. Monument Ave, Suite 401-12

Kissimmee, FL 34741-5762

**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:

CYAN CONSULTANTS INC

New Registered Office Address:

111 E. Monument Ave, Suite 401-12

*Enter Florida street address*

Kissimmee

Florida 34741-5762

*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 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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
-NO CHANGE-			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 25th, 2022

ABorges

Signature of a member or authorized representative of a member

ALEXANDRE BORGES RINOLFI

Typed or printed name of signee