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C MCHAIR

COVER LETTER

TO: Registration S Division of Co			5
KAMBUC	EK RESOURCES, LLC		PE)
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	, and the second	
	ROBIN PICKETT		
		Name of Person	
	KAMBUCK RESOURCE	S. LLC	
	·	Firm/Company	
	PO BOX 2642		
		Address	
	WINTER PARK, FL 3279	90	
	INFO@IFREC.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	afl:	
ROBIN PICKETT		407 341-5547	
Name c	of Person	at ()	e Telephone Number
Enclosed is a check for the	he 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 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	ТО	
ARTICI	LES OF ORGANIZATION	
	OF	
KAMBUCK RESOURCES, LLC		اري چون اري چون
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our record forida Limited Liability Company)	<u>(k.)</u>
The Articles of Organization for this Limited Liabil	ity Company were filed on 03/28/2003	جې and assigned
Florida document number L03000011393		
his amendment is submitted to amend the followin	ાષ્ટ્ર:	
a. If amending name, enter the new name of the	e limited liability company here:	
	<u> </u>	
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 A.	DDRESS)	
		"
Interner mailing address if applicable		
		-
	ν	· · · · · · · · · · · · · · · · · · ·
	Σ	
<u>Mailing address MAY BE A POST OFFICE BOX</u>		the name of the new registe
Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or registered	tered office address on our records, enter	the name of the new registe
Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or registered affice address he	tered office address on our records, enter	the name of the new registe
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registagent and/or the new registered office address he Name of New Registered Agent:	tered office address on our records, enter	the name of the new registe
Mailing address MAY BE A POST OFFICE BOY B. If amending the registered agent and/or registered affice address he	tered office address on our records, <u>enter</u> ere:	
Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered office address he Name of New Registered Agent:	tered office address on our records, enter	
Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or regist gent and/or the new registered office address he Name of New Registered Agent:	tered office address on our records, <u>enter</u> ere: Enter Florida street addreseries.	orida
Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or registered and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	tered office address on our records, <u>enterere</u> : Finder Florida street addresering Florida street City	sys — — — — — — — — — — — — — — — — — —
Mailing address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or registered office address he Name of New Registered Agent:	tered office address on our records, <u>enterere</u> : Finder Florida street addresering Florida street City	ss orida

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Institute of Florida Real Estate Care	1912B Lee Road, Orlando, FL 32810	□Add
			\exists Remove
			□Change
MGR	IFREC Real Estate Schools, Inc.	1912B LEE ROAD, SUITE C-1, Orlando, FL 32810	
			□Remove
			🗀 Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			DChange
			□ ∧dd
			□Remove
			□Change

If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
(If an effective d Note: If the c	e, if other than the date of filing:
the record speci cord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Decen	ber 2 2019
_	Signature of a member profithorized representative of a member
Ri —	thard T. Fryer Typed or printed name of signee

Filing Fee: \$25.00