

Nov 18 2016 2:46PM

NICK SPRADLIN

8133666356

P. 1

L13000105005

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000285541 3)))



H160002855413ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I2007C000020
Phone : (813) 435-3176
Fax Number : (713) 429-1276

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

Email Address: _____

RECEIVED

2016 NOV 18 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTERNATIONAL BOARD OF CREDENTIALING AND
CONTINUING

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 NOV 18 AM 10:17

FILED

K. SALY

NOV 21 2016

H160002855413

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

P. 2
FILED
2016 NOV 18 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

International Board of Credentialing and Continuing Education Standards, 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 07/24/2013 and assigned
Florida document number L13000105005

This amendment is submitted to amend the following:

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11555 Central Pkwy

STE 103-104

JACKSONVILLE, FL 32224

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11555 Central Pkwy

STE 103-104

JACKSONVILLE, FL 32224

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

H160002855413

H16000 285 5413

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>
MGRM	PINCOMB, MYRON	11555 Central Pkwy STE 1003	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 NOV 18 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000 285 5413

H16000285341 3

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

THESE ARTICLES OF AMENDMENT MEMORIALIZE THE ACTUAL WRITTEN AND EXECUTED
AGREEMENT ON 05/14/2014, WHERE LYNDESEY HERRMAN TRANSFERRED ALL OWNERSHIP AND
MANAGEMENT TO MYRON PINCOMB

2016 NOV 18 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

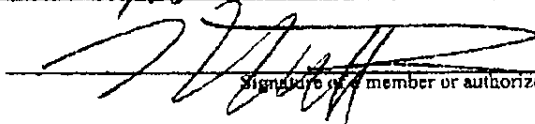
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 11/18, 2016



Signature of a member or authorized representative of a member

PINCOMB, MYRON

Typed or printed name of signee

H16000285341 3