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To: Division of Corporations
Fax Number : (950) 617-6383

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1 annual report mailings. Enter only one email address please.**

Email Address: myron@ibcces.org

INTERNATIONAL BOARD OF CREDENTIALING AND CONTINUING

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FEB - 7 2023
K. Brumby

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: International Board of Credentialing and Continuing Education Standards, 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:

Tanya G. Foreman, Esq.

 Name of Person

ReLegal, LLC

 Firm/Company

816 A1A North, Suite 204

 Address

Ponte Vedra Beach, Florida 32082

 City/State and Zip Code

myron@ibcces.org

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

For further information concerning this matter, please call:

Tanya G. Foreman, Esq.

904

638-1164

at (_____) _____

 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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:

N/A

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)

542201 Lem Turner Road

Callahan, FL 32011

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

542201 Lem Turner Road

Callahan, FL 32011

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:

Myron W. Pincomb

New Registered Office Address:

542201 Lem Turner Road

Enter Florida street address

Callahan

City

, Florida 32011

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.

DocuSigned by:

Myron W. Pincomb

007A7D837C504B6

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>
MGRM	Myron Pincomb	11655 Central Parkway, Suite 306	<input type="checkbox"/> Add
		Jacksonville, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Myron W. Pincomb	542201 Lem Turner Road	<input checked="" type="checkbox"/> Add
		Callahan, FL 32011	<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

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

The Company will be managed by its sole manager in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the sole manager of the Company is:

Myron W. Pincomb, 542201 Lem Turner Road, Callahan, FL 32011.

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 February 6, 2023

DocuSigned by:
Myron W. Pincomb
007A7D837C504B0

Signature of a member or authorized representative of a member

Myron W. Pincomb

Typed or printed name of signer