

L080000011155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

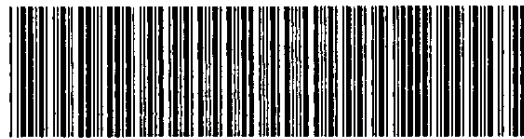
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B Tadlock APR 21 2011

FF #25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSURANCE AFFILIATES AGENCY, 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:

KEVIN JOYCE
Name of Person

INSURANCE AFFILIATES AGENCY, LLC
Firm/Company

33 EAST PINE STREET
Address

ORLANDO, FL 32801
City/State and Zip Code

kjoyce@iaafl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN JOYCE at (**407**) **802 3313**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

11 APR 18 PM 3:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS

INSURANCE AFFILIATES AGENCY, 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 01/31/2008 and assigned
Florida document number L08000011155.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 33 EAST PINE STREET
ORLANDO, FL 32801
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 33 EAST PINE STREET
ORLANDO, FL 32801
(Mailing address MAY BE A POST OFFICE BOX)

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: 33 EAST PINE STREET
Enter Florida street address
ORLANDO, Florida 32801
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 608, 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

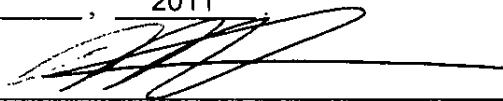
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Insurance Affiliates, LLC	33 EAST PINE STREET ORLANDO, FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FBC Mortgage, LLC	189 S. ORANGE AVE., SUITE 970 ORLANDO FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MEMB	Sal A. Nunziata	189 S. ORANGE AVE., SUITE 970 ORLANDO FL 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MEMB	Robert G. Nunziata	189 S. ORANGE AVE., SUITE 970 ORLANDO, FL 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated APRIL 14, 2011



Signature of a member or authorized representative of a member

MIKE DUNN

Typed or printed name of signee