

L080000011155

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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

Name of Person

at (407)

802 3313

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**

INSURANCE AFFILIATES AGENCY, LLC

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

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

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:

(Principal office address MUST BE A STREET ADDRESS)

33 EAST PINE STREET

ORLANDO, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

33 EAST PINE STREET

ORLANDO, FL 32801

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:

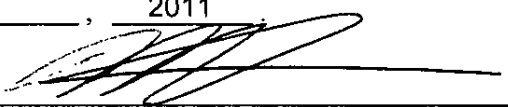
MGR = Manager

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