

L08000011155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

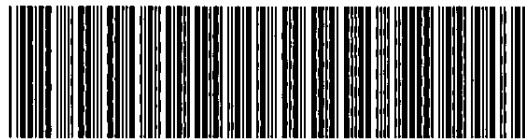
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT - 1 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE

OCT 2 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

Insurance Affiliates Agency, LLC

SUBJECT: _____
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

300 S Park Ave, Ste. 200

Address

Winter Park, FL 32789

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:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

12 OCT - 1 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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**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)

01/31/2008

The Articles of Organization for this Limited Liability Company were filed on _____ 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)

300 S Park Ave, Ste. 200

Winter Park, FL 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

300 S Park Ave, Ste. 200

Winter Park, FL 32789

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

_____, Florida _____
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

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGRM	Insurance Affiliates, LLC	33 E. PINE ST Orlando FL 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joyce Capital, LLC	300 S Park Ave, Ste. 200 Winter Park, FL 32789	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	J. Randolph Abrams, LLC	1332 W. Yale St Orlando, FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RFJOYCE CAPITAL, LLC	931 Maxwell Street Orlando, FL 32804	<input checked="" type="checkbox"/> Add <input 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 09/27, 2012

Signature of a member or authorized representative of a member

KEVIN JOYCE

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA
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AND
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