

LO8000011155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

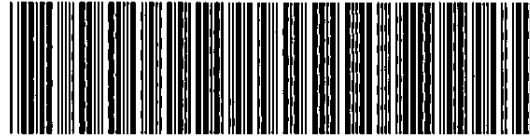
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/01/12--01053--022 **25.00

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:

- \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 LO8000011155.

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:

300 S Park Ave, Ste. 200

(Principal office address MUST BE A STREET ADDRESS)

Winter Park, FL 32789

Enter new mailing address, if applicable:

300 S Park Ave, Ste. 200

(Mailing address MAY BE A POST OFFICE BOX)

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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SECRETARY OF STATE
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:

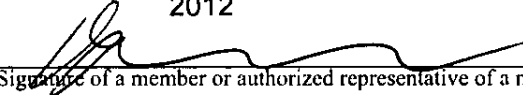
MGR = Manager
MGRM = Managing Member

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.)

12 OCT - 1 AM 11:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APPROVED
 AND
 FILED

Dated 09/27, 2012


 Signature of a member or authorized representative of a member

KEVIN JOYCE
 Typed or printed name of signee