

L10000098822

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FILED
2011 MAR 25 PM 12:32
SEC. OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 28 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: K.J. AFFILIATES, 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 E PINE ST., STE 301

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:

- | | | | |
|--|--|--|--|
| <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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2011 MAR 25 PM 12:32

K.J. AFFILIATES, LLC

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

(A Florida Limited Liability Company)

2011 MAR 25 PM 12:32
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/14/2010 and assigned
Florida document number L10000098822.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INSURANCE AFFILIATES, LLC

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

City

Florida

32801

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

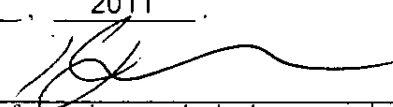
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RYAN JOYCE	33 EAST PINE STREET ORLANDO FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RANDY ABRAMS	33 EAST PINE STREET ORLANDO FL 32801	<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
			<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 MARCH 22, 2011


Signature of a member or authorized representative of a member

KEVIN JOYCE

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 25 PM 12:32