16009063

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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		E MARKET PLACE OF DA	YTONA LLC	
SUDJE	C1:	Name of Lim	ited Liability Company	
		mendment and fee(s) are sub dence concerning this matter	-	
		HERBERT L PARKS JR		
			Name of Person	
		INSURANCE MARKET I	PLACE OF DAYTONA LLC	16 JUH 13 PM 4: 24
	,		Firm/Company	
		1301 BEVILLE RD SUITI	E 7	12 54 4:
			Address	
		DAYTONA BEACH, FL	32119	r. 24
		HERBPARKS@AOL.COM		
		E-mail address: (to be used for future annual report notifi-	cation)
For fur	ther information co	ncerning this matter, please ca	ıll:	
HERB	ERT L PARKS JR		386 748-2671	
	Name of	Person		Telephone Number
Enclose	ed is a check for the	e following amount:		
■ \$25	5.00 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)
	MAILI	NG ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Organization for this Liability Organi	Company were filed on 05/09/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LI	_C" or the abbreviation."L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	<u>ω </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 4: 24
muning data east may be at tool of the boar		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
		FloridaZip Code
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LISA HOFFMAN	<u> </u>	
		1301 Brille RI	Suite 7 Remove
		Daytona Beach, F	13219 Change
AP	RICHARD MURPHY		
		1301 Beville Rd	Sutr7 Remove
		Daytona Bead, FL 3	Add Services
			□ Add Single Part of the Part
			☐ Change
		<u> </u>	□ Remove
			☐ Change
		<u>:</u>	Add
			☐ Remove
			☐ Change
		·.	Add
			□ Remove
			Channe

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ective date, if other than the date of filing:	4	(ontional)
ective date, if other than the date of filing:effective date is listed, the date must be specific and came: If the date inserted in this block does not meet	not be prior to date of filing or more than 90 the applicable statutory filing requirem	days after filing.) Pursuant to 605.02 nents, this date will not be listed
ument's effective date on the Department of State	's records.	
ecord specifies a delayed effective date	, but not an effective time, at :	12:01 a.m. on the earlier
he 90th day after the record is filed.	í	
5 June 9	3016	
1/1/1/1/1/1/	11.	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00