




**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

60029114

[illegible]

<b>DOCUMENT # L00000005313</b>				03-26-2007 90305 037 ***50.00	
1. Entity Name <b>UMBRIEL, LLC</b>					
Principal Place of Business <b>9130 S. DADELAND BLVD. SUITE 1600 MIAMI, FL 33156</b>		Mailing Address <b>9130 S. DADELAND BLVD. SUITE 1600 MIAMI, FL 33156</b>		<b>60029114</b> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01312007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>04-3672613</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GUZMANA, MARIO 9130 S. DADELAND BLVD. #1504 MIAMI, FL 33156</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9130 S. DADELAND BLVD. STE # 1600</b> City <b>MIAMI</b> FL Zip Code <b>33156</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARDINO, EDUARDO JOSE CUENCA 4498 5TO PISO DEPT A BUENAS AIRES 1419 ARGENTINA.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARAU, CLAUDIA ISABEL CUENCA 4498 5TO PISO DEPT A BUENAS AIRES 1419 ARGENTINA.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <b>EDUARDO SCARDINO MGRM</b> 03-05-07 (305) 670-1991					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					