

L100000083362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

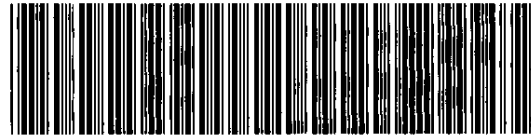
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500185846445

09/27/10--01031--013 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 27 PM 3:13

FILED

J. SAULSBERRY
EXAMINER

SEP 28 2010

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Umbrella Marketing Services 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:

Michael P Strippoli

Name of Person

Umbrella Marketing Services LLC

Firm/Company

1101 Miranda Lane Suite 131

Address

Kissimmee, FL 34741

City/State and Zip Code

customerservice@umbrellamarketingservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P Strippoli

Name of Person

at (**800**)

768-9223

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 27 PM 3:13

FILED

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

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

Umbrella Marketing Services LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/09/10 and assigned
Florida document number L10000083362.

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)

1101 Miranda Lane Suite 131

Kissimme, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1101 Miranda Lane Suite 131

Kissimmee, FL 34741

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:

Michael P Strippoli

New Registered Office Address:

1101 Miranda Lane Suite 131

Enter Florida street address

Kissimmee

Florida

34741

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.

Michael P. Strippoli
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	Michael P Strippoli	2677 Emerald Lake Court Kissimmee, FL 34741	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael P Strippoli	1101 Miranda Lane Suite 131 Kissimmee, FL 34741	<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.)

Just need to change Michael P Strippoli address to the Miranda Lane Address
instead of the Emerald Lake Court Address

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2010 SEP 27 PM 3:13

FILED

Dated September, 21, 2010



Signature of a member or authorized representative of a member

Michael P Strippoli

Typed or printed name of signer