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TALLAHASSEE, FLORIDA

T. CLINE
NOV 30 2010
EXAMINER

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

8 Broadway Avenue Suite L

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

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

FILED
2011 NOV 29 AM 10:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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 08/09/2010 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)

8 Broadway Avenue Suite L

Kissimmee, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8 Broadway Avenue Suite L

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:

8 Broadway Avenue Suite L

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.


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:

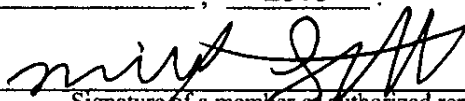
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael P Strippoli	1101 Miranda Lane Suite 131 Kissimmee, FL 34741	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael P Strippoli	8 Broadway Avenue Suite L 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.)

All address' need to reflect 8 Broadway Avenue Suite L Kissimmee, FL 34741

Dated November 22nd, 2010



Signature of a member or authorized representative of a member

Michael P. Strippoli

Typed or printed name of signee