

L11000121134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

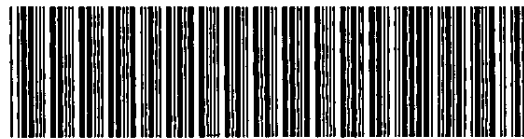
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
APR 9 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Umbrella Creative, 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:

Jorge Alvarado

Name of Person

Umbrella Creative, LLC.

Firm/Company

840 Glades CT. NE.

Address

St. Petersburg, FL 33702

City/State and Zip Code

jorge@thejorghow.com

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

For further information concerning this matter, please call:

Robert Krupa M.D.

Name of Person

727 498-7320

at ()

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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 Creative, 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 10/24/2011 and assigned Florida document number L11000121134

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)

840 Glades CT NE
St. Petersburg, FL 33702

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 56522
St. Petersburg, FL 33732

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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:

840 Glades CT NE
Enter Florida street address
St. Petersburg, Florida 33702
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

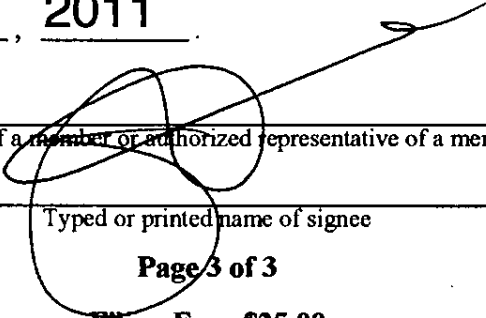
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert Krupa MD	840 Glades CT NE	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
MGR	Jorge Alvarado	840 Glades CT NE	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Robert Krupa is the President of Umbrella Creative, LLC. It has been agreed that all company losses are assigned to him.

Dated November 1, 2011

Signature of a member or authorized representative of a member

Jorge Alvarado

Typed or printed name of signee

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Filing Fee: \$25.00

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