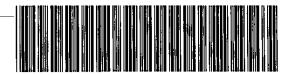
L16000137701

(Requestor's Name)
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IN HARRIS

COVER LÉTTER

TO: Registration Section Division of Corporations						
SUBJECT: UMBRELLA COACH & BUSES 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:						
SVATKA JURINOVA						
Name of Person						
FL PRESTIGE SERVICES I/C						
Firm/Company						
P. O. BOX 595						
Address						
OSPREY , FL 34229 City/State and Zip Code						
City/State and Zip Code						
FLPRESTIGE SERVICES @ GMAIL · COM E-mail address: (to be used for future annual report notification)						
• ,						
For further information concerning this matter, please call:						
SVATKA JURINOVA at 941 202 8084 Name of Person Area Code Daytime Telephone Number						
Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on o led Liability Company)	ur records.)
he Articles of Organization for this Limited Liability Compa lorida document number L16000137701	any were filed on $\frac{07/22/20}{}$	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	iability company here:	
ne new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u> </u>
nter new mailing address, if applicable:		700-
failing address MAY BE A POST OFFICE BOX)		_1=
		0
. If amending the registered agent and/or registered agent and/or the new registered office address be		records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	rees address
		, Florida
	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
AMBR	SVATAVA JURINOVA	4213 EXPEDITION WAY	-
		ODDDEV ET 24002	Add
		OSPREY, FL 34293	Remove
			Change
		_	Add
			Remove
		-	☐ Change
		_	
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If m el	tive date, if other than the date	pecific and cannot be prior to date of filing or more than 90 days af	tional) ler filing \ Pursuent to 605 0207 (3Vb)
Note:	If the date inserted in this block of	loes not meet the applicable statutory filing requirements, the ment of State's records.	his date will not be listed as the
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		fective date, but not an effective time, at 12:01	. a.m. on the earlier of:
(b) The	e 90th day after the record	is fil ed.	
D-4	01/12	2017	
Dated			
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	Sign	ature of a member or authorized representative of a member	<u></u>
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		Paninaro Digital sro	- 1
		Typed or printed name of signee	
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		Page 3 of 3	A#11:0

Filing Fee: \$25.00