

h22000345823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

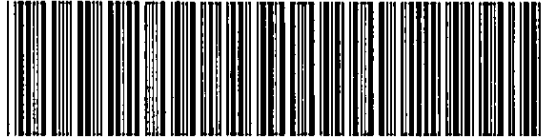
(Business Entity Name)

(Document Number)

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09/15/22--01024--025 \*25.00

22 SEP 16 AM 10:05  
DIVISION OF CORPORATION

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** UMBRELEA BUSINESS USA 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:

JULIANA FURLAN ZENTI

Name of Person

BLUEJAY INTERNATIONAL TAX LLC

Firm/Company

7734 TUSCAN BAY CIRCLE

Address

WESLEY CHAPEL, FL. 33545

City/State and Zip Code

juliana@bluejaytaxes.com

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

22 SEP 16 AM 10: 05

DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

BIANCA KEHEL

404 916-2018

at ( )

Name of Person

Area Code

Daytime Telephone Number

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810

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

UMBRELLA BUSINESS USA 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 08/05/2022 and assigned  
Florida document number 1.22000345823.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

*Enter Florida street 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MICHELE T DE SENA MENDES	GINEBRA, 4867	<input type="checkbox"/> Add
		LO BARNECHEA, RM. 7710418 CL	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MICHELLE T DE SENNA MEND	GINEBRA, 4867	<input type="checkbox"/> Add
		LO BARNECHEA, RM. 7710418 CL	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 SEP 15 AM 8:05

DEPT. OF HEALTH  
DIVISION OF CON. ORIGIN

22 SEP 16 AM 10:05

U.S. DEPT. OF JUSTICE  
DIVISION OF INVESTIGATION  
22 SEP 16 AM 10:05

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER, 06 2022

Signature of a member or authorized representative of a member

JULIANA FURLAN ZENTI

Typed or printed name of signee

**Filing Fee: \$25.00**