## P19000026606

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: \_ UMBRELLA BUSES INC. DOCUMENT NUMBER: P19000026606 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ZDENEK KOZISEK Name of Contact Person UMBRELLA BUSES INC. Firm/ Company 4476 LINWOOD TRACE LN Address CLERMONT, FL 34711 City/ State and Zip Code ZDENEK,KOZISEK@UMBRELLABUSES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (917) 9007371

Area Code & Daytime Telephone Number JOSEF SCHARFEN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **□\$**43.75 Filing Fee & **■\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation UMBRELLA BUSES INC. (Name of Corporation as currently filed with the Florida Dept. of State) P19000026606 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

incipal office address <u>MUST BE A STREET ADDI</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A	
If amending the registered agent and/or registere new registered agent and/or the new registered o		ame of the
Name of New Registered Agent N/A		<u>.</u>
,	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)

N/A

New Registered Agent's Signature, if changing Registered Agent:

B. Enter new principal office address, if applicable:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT </u>	fohn Doe	
X Remove	<u>v</u> .	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	ONDREJ SLOUF	SLEJNICKA 1018/17
Add			PRAHA 6 - DEJVICE, 16000
X Remove			CZECH REPUBLIC
2) Change	D	PAVEL STEINER	RIPSKA 1114/5
Add			PRAHA 10, 10000
X Remove			CZECH REPUBLIC
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

<u>If am</u> (Attac	nending or adding additional Articles, the additional sheets, if necessary). (B	<u>, enter change(s) here</u> : le specific)
l/A	,	
<del></del> -		
·		
	·	
•		
<del>_</del>		
If an	amendment provides for an exchang	e, reclassification, or cancellation of issued shares.  nent if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
/A		
		<del></del>

The date of each amendment(s) adoption date this document was signed.	:	_, if other than the
Effective date if applicable:		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	bes not meet the applicable statutory filing requirements, this date will int of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement oring group entitled to vote separately on the amendment(s):	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
■ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
MAY 30, 2019 Dated		
Signature	<u></u>	
(By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	_
ZDEN	EK KOZISEK	
	(Typed or printed name of person signing)	<del></del>
DIREC	CTOR	
<del></del>	(Title of person signing)	