P21000003578

(Re	questor's Name)	
,		
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
		
(Bu	siness Entity Nan	ne)
	cument Number)	
(50	our enervariation,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: UMBRELLA TAR	RP SERVICE INC		
DOCUMENT NUM	021000003578			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	LUIS R BLANDON			
		Name of Contact Perso	n	
	UMBRELLA TARP SERVI			
	- CHOKELEH HIKI BEKTI	Firm/ Company		
	1156 AMANDA KAY CIRC	•		
	-	Address		
	SANFORD, FL 32771			
		City/ State and Zip Cod	le	
	info@umbrell	Icfcup. Com sed for future annual report	• • • • • • • • • • • • • • • • • • • •	
	E-mail address: (to be us	sed for future annual report	nouncation)	
For further informati	on concerning this matter, plea	se call:		2027
LUIS R BLANDON		at (305	986-3377	022 JUL 15
Name	of Contact Person	Area Co	de & Daytime Telephone Nur	nber
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:	, 7
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	; <u>5</u>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810)

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

١	HA	dRR	171	1.4	TA	RP	SERV	ICF	INC
ō	\cup	*1171			171		/11-15 A		1170

(Name of Corporation as currently filed with the Florida Dept. of State)	_	
P21000003578			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the fits Articles of Incorporation:	ollowing	g ameno	dment(s)
A. If amending name, enter the new name of the corporation:			
N/A		The I	M (Ma)
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abb "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	reviation contain	n "Cor _l	v., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			_
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		 .	_
		022	
	- 1 - 1	=	_, , ,,,
		<u>ر"</u>	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	-	<u>්</u>	
new registered agent and/or the new registered office address:	:	777	: :
Name of New Registered Agent		ب	13, 20
rame of then negative agent	• • • •	5	
(Florida street address)			
The street and essy			
New Registered Office Address:, Florida, Florida	(Zip C	ode)	_
	(121y) (3	<i>(</i>	
New Registered Agent's Signature, if changing Registered Agent:			
l hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po	sition.		
Signature of New Registered Agent, if changing			
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	JESUS M CARMENATE	6834 S WATERWAY DRIVE
Add			MIAMI, FL 33155
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	·		
Remove			

	icles, enter change(s) (Be specific)			
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f an amendment provides for an exc	nange, reclassification.	or cancellation of issu	ed shares,	
provisions for implementing the ame	ndment if not contain	ed in the amendment it	self:	
(if not applicable, indicate N/A)				
·				<u> </u>
	·			
			•••	
<u>. </u>				

		07/01/2	2022		
	h amendment(s) ado	ption:			, if other than th
date this docume	ent was signed. 07/01/2	າດາາ			
Effective date <u>if</u>			- ·		
		(no	o more than 90 days a	fter amendment	file date)
	te inserted in this bloc ctive date on the Depa			tutory filing req	quirements, this date will not be listed as th
Adoption of An	nendment(s)	(CHEC	K ONE)		
The amendme action was no		ed by the inco	orporators, or board of	directors withou	ut shareholder action and shareholder
	ent(s) was/were adopt nolders was/were suffi		reholders. The numberoval.	r of votes cast fo	or the amendment(s)
			areholders through vot oup entitled to vote sep		
"The ni	imber of votes cast fo	r the amendme	ent(s) was/were suffic	ient for approva	ı)
by					."
J		(voting g	group)		-
	Dated				
		ctor, president	Blanch t or other officer – if d	irectors or office	
			rator – if in the hands (that fiduciary)	of a receiver, tru	istee, or other court
	LI	JIS R BLAND	DON		
	_	(Type	ed or printed name of	person signing)	
	PF	RESIDENT			

(Title of person signing)