43000/64383

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300313349383

05/17/18--01916--029 **60.00

2018 MAY 17 AM 6: 25

COVER LETTER

	istration Sec ision of Corp			
CUBICCE	Fireball Wes	t LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Marvin Roush		
			Name of Person	
		Fireball West LLC		
			Firm/Company	
		24 Sandpiper Road		
			Address	
		Tampa, FL 33609		
			City/State and Zip Code	
		cnroush@gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Marvin Rous	sh		813 380-9193	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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

(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I			and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	sility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		24 Sandpiper Road	
(Principal office address MUST BE A STREET ADDRESS)		Tampa, FL 33609	
		246 Li B. I	
Enter new mailing address, if applicable:		24 Sandpiper Road	
Mailing address MAY BE A POST OFFICE	E BOX)	Tampa, FL 33609	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			the name of the
Number of Mey Registered Mgent.	24 C4-1 D		Silver
New Registered Office Address:	24 Sandpiper R	Enter Florida street address	SE
	Tampa	, Florida 3	1609 E T
	 	City , Florida _	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	Ĭ	\$ 25

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. E.S. Or if this document is

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>	Type of Action
MGR	Alfred Roush	205 S Hoover Blvd	
		Suite 407B	■ Remove
		Tampa, FL 33609	Change
MGR	Marvin Roush	24 Sandpiper Road	■ Add
		Tampa, FL 33609	□ Remove
			Change
AMBR	Marvin Roush	24 Sandpiper Road	Add
		Tampa, FL 33609	□ Remove
			☐ Change
			Add
		- • • • • • • • • • • • • • • • • • • •	Remove
			Change
			Add
			☐ Remove
			☐ Change
	-		Add
			□ Remove
			□ Change

· · · · · · · · · · · · · · · · · · ·		
		
		78H
		AHA)
		SSE SSE
		AH AH
		- 8: 25 RID
		<u>S'</u>
	· · · · · · · · · · · · · · · · · · ·	
ective date, if other than th	e date of filing:	(optional)
n effective date is listed, the date mi	ist be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
cument's effective date on the l	Department of State's records.	
record specifies a delaye	d effective date, but not an effecti	ive time, at 12:01 a.m. on the earlier
The 90th day after the re	cord is filed.	
May 01	2018	
	 ,	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00