

L14000015386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

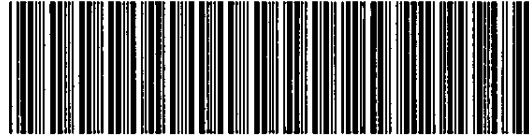
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: F-BOMB GAMES, 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:

Elias Enrique Zablah, III

Name of Person

F-BOMB GAMES, LLC

Firm/Company

910 SW 97th Avenue

Address

Miami, Florida 33174

City/State and Zip Code

Eliaszab@gmail.com

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

For further information concerning this matter, please call:

John Paul Yanes

Name of Person

at **(305) 815-8558**

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

F-Bomb Games, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	John P Yanes	1402 SW 93rd Place	<input type="checkbox"/> Add
		Miami, Florida 33174	<input checked="" type="checkbox"/> Remove

MGR	John P. Yanes	1402 SW 93rd Place	<input checked="" type="checkbox"/> Add
		Miami, Florida 33174	<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 11, 2014

Signature of a member or authorized representative of a member

John P. Yanes

Typed or printed name of signee

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