# 1800008406

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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January 26, 2018

TODD WATSON 12058 SAN JOSE BLVD STE 401 JACKSONVILLE, FL 32223

SUBJECT: C. CUBE, LLC Ref. Number: L18000008406

We have received your document for C. CUBE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F99000000728 C CUBE CORP.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 218A00001803

RECEIVED

### TODD WATSON

### ATTORNEY AND COUNSELOR AT LAW, LLC

SUITE 401
12058 SAN JOSE BOULEVARD
JACKSONVILLE, FLORIDA 32223
TELEPHONE (904) 739-9747
FACSIMILE (904) 739-9748
mail@toddwatsonlaw.com

February 6, 2018

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

C. Cube, LLC L18000008406

Dear Sir or Madam:

Enclosed is the following:

- a. Your correspondence dated January 26, 2018; and
- b. Articles of Amendment.

If possible, please change the name of C.Cube, LLC to the following:

C Cube C, LLC (FYI, please note, no periods)

We forwarded the check for payment in our previous correspondence.

I am available at your convenience should you have any questions or comments concerning this matter.

Sincerely,

Michelle Slocum Legal Assistant

/kms

Enclosures

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C. Cube, 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	and as:	signed	
This amendment is submitted to amend the following:			
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  C Cube C LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	ation.	LC)	peri
Enter new principal offices address, if applicable:	oreviation 1.	.15.0.	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	the name	of the ne	<u>ew</u>
Name of New Registered Agent:	<del></del>	er n	
New Registered Office Address:		250 140 103 103 103 103 103 103 103 103 103 10	
Enter Florida street address	<b>X</b> =	51A	-
———————————, Florida, Florida	Zip <b>Got</b> le	TE TE	

## 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 Title Name **Address Type of Action** \_□ Add \_□ Remove \_□ Change \_🗀 Add \_□ Remove \_□ Change \_□ Add □ Remove Change \_□ Add ☐ Remove \_ Change □ Add \_🗆 **Ch**ang ☐ Remove

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. If amending ar	ny other information,				
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inote: If the date	if other than the date is listed, the date must be species inserted in this block d ctive date on the Departs	oes not meet the applic	able statutory filing req	(optional) an 90 days after filing.) Pu uirements, this date will	suant to 605.0207 (inot be listed as the
the record spe ) The 90th da	ecifies a delayed effor ay after the record i	ective date, but no is filed.	t an effective time,	, at 12:01 a.m. on	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00