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(Address)

(Address)

(City/State/Zip/Phone #)

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APR 09 2014

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **G SPORT NUTRITION 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:

James Gagel

Name of Person

Gagel Law Firm

Firm/Company

2030 South Douglas Rd. Suite 109

Address

Coral Gables, Florida 33134

City/State and Zip Code

jgagel@jgagel.com

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

For further information concerning this matter, please call:

James Gagel

Name of Person

at **305 4447775**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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G-SPORT NUTRITION 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

Title	Name	Address	Type of Action
MGRM	Juan Carlos De La Cruz	2315 NW 107 AVE	<input type="checkbox"/> Add
		STE. 1M22 B117	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33172	
MGR	Juan Carlos De La Cruz	2315 NW 107 AVE	<input checked="" type="checkbox"/> Add
		STE. 1M22 B117	<input type="checkbox"/> Remove
		DORAL, FL 33172	
MGRM	Valerio Joelby	2315 NW 107 AVE	<input type="checkbox"/> Add
		STE. 1M22 B117	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33172	
MGR	Valerio Joelby	2315 NW 107 AVE	<input checked="" type="checkbox"/> Add
		STE. 1M22 B117	<input type="checkbox"/> Remove
		DORAL, FL 33172	
MGR	E-Sport Nutrition S.R.L	AVE 27 DE FEBRERO	<input checked="" type="checkbox"/> Add
		198 SAN JUAN BOSCC	<input type="checkbox"/> Remove
		STO. DOMINGO	
		DOMINICAN REPUBLIC	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

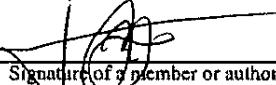
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 MARCH 27 2014



Signature of a member or authorized representative of a member

Juan Carlos de la Cruz

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA