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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 15 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Canna Pharmaceuticals 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:

Elizabeth Gregory

Name of Person

Animal Pharmaceuticals

Firm/Company

3100 NW Boca Raton Blvd, Suite 409

Address

Boca Raton, FL 33431

City/State and Zip Code

jason@anmpharm.com

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

For further information concerning this matter, please call:

Elizabeth Gregory

561 237-2333
at ()

Name of Person

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

Page 1 of 3

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>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

3/9/18

8 _____
Signature of a member or authorized representative of a me

Signature of a member or authorized representative of a member

Jason Braun

Typed or printed name of signee

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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA