

L17000233058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

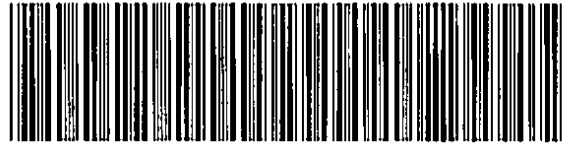
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600305618926

01/05/18--01004--008 \*\*25.00

18 JAN -4 PM 8:09

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Canna Sports Elite 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:

Irwin E kendall

\_\_\_\_\_  
Name of Person

Canna Sports Elite LLC

\_\_\_\_\_  
Firm/Company

10923 NW 122nd Street

\_\_\_\_\_  
Address

Medley, Florida 33178

\_\_\_\_\_  
City/State and Zip Code

*IRWIN E ELITE SPECTRUM NUTRITION, LLC*  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irwin E Kendall

954 4945032  
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

SECRET  
TALLAHASSEE, FLORIDA  
18 JAN -4 PM 8:09

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>
Mgr	Irwin E Kendall	10923 NW 122 Street, Medley, Florida 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Maria Victoria Arbelaez	10923 NW 122 Street, Medley, Florida 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This change is to change to Member Managed.

18 JAN - 4 PM 8:09  
SECRETARY OF STATE  
FALLAH SEC. FILING

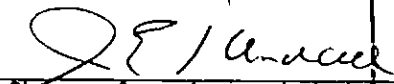
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated December 4, 2017



Signature of a member or authorized representative of a member

Irwin E. Kendall

Typed or printed name of signer