

P98000008744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

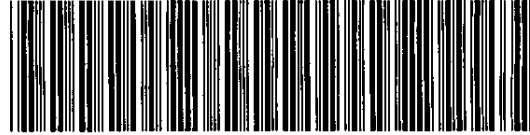
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000273040210

Amend

000273040210
06/09/15--01035--001 **105.00

FILED
2015 JUN -9 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 18 2015
A. RAMSEY



Juliana B. Lopez, Corporate Paralegal

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Direct Line: (786) 364-8487

Fax (305) 445-3666

June 8, 2015

Via Federal Express

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

REF: Amendment to Articles of Incorporation for Various Entities

To Whom It May Concern:

Enclosed please find check # 1100 in the amount of \$105.00 which includes three filing fees (\$35.00) for the Amendment to the Articles of Incorporation for MSR HOLDING CORP. - Document No. P98000008744, G.R. SUGARCANE FARM. INC. - Document No. F79320 and M.S.R. Sugarcane Farm, Inc. - Document No. F79319.

Should you have any additional questions or concerns, please do not hesitate to contact me directly at the office at 786-364-8407.

Sincerely,


Juliana B. Lopez
Corporate Paralegal

Enclosures

COUNSELORS AT LAW

MIAMI • 355 ALHAMBRA CIRCLE, SUITE 801, CORAL GABLES, FLORIDA 33134 • PHONE: (786) 364-8400 • FAX: (786) 364-8401

NEW ORLEANS • HOUSTON • MIAMI • MOBILE • BOGOTA • GULFPORT • CARTAGENA • TAMPA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MSR HOLDING CORP.

DOCUMENT NUMBER: P98000008744

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juliana B. Lopez

Name of Contact Person

Fowler Rodriguez LLP

Firm/ Company

355 Alhambra Circle

Address

Coral Gables, Florida 33134

City/ State and Zip Code

jlopez@frfirm.com

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

For further information concerning this matter, please call:

Juliana B. Lopez at (786) 364-8407
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

MSR HOLDING CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P98000008744

(Document Number of Corporation (if known))

FILED
2015 JUN -9 PM 4:11

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>DVPS</u>	<u>Rosario De Los Reyes De Carpio</u>	<u>3608 SW 57th Avenue</u>
<input type="checkbox"/> Add			<u>Miami, Florida 33155</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>DVPS</u>	<u>Rosario De Los Reyes</u>	<u>3608 SW 57th Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Miami, Florida 33155</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: June 5, 2015, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

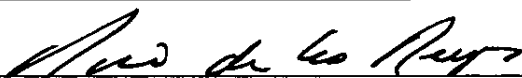
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated June 5, 2015

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ROSARIO DE LOS REYES

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)