190000 88911

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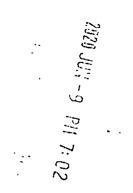
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OS 24 2020

COVER LETTER

O: Registration Son Division of Con					
	LDINGS FL, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Randall Alexandre/Guyl	ene Berry			
	·	Name of Person			
	G R HOLDINGS FL, LLC	C			
		Firm/Company			
	PO Box 170943				
		Address			
	Hialeah, FI 33017				
		City/State and Zip Code			
	Randallalexandre@gmai	I.COM to be used for future annual report notification))		
For further information of	concerning this matter, please c	•	,		
Randall Alexandre		954 873-2613			
Name o	of Person	at () Area Code Daytime Telep	phone Number		
Enclosed is a check for t					
≦ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & 1 Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:			
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of Tallah	assee		
Tallahassee,	FL 32314	2415 N. Monroe Stre Tallahassee, FL 3230			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUH-9 PH 7: 02

		-	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
MGR HOLDINGS FL, LLC				
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)	~	
he Articles of Organization for this Limited Liab lorida document number L19000088911		were filed on 4/1/2019	and assigned	
his amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	he limited liab	ility company here:		
R HOLDINGS FL, LLC				
he new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."	
nter new principal offices address, if applicab	ole:	12490 NE 7th Ave, Suite 201		
Principal office address MUST BE A STREET ADDRESS		North Miami, Fl 33161		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX		PO Box 170943		
		Hialeah, Fl 33017		
 If amending the registered agent and/or reg gent and/or the new registered office address 	<i>*</i>	address on our records, <u>enter the r</u>	name of the new regist	
Name of New Registered Agent:				
New Registered Office Address:	12490 NE 7th	Ave		
		Enter Florida street address		
	North Miami	Florida	33161	

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

<u>Title</u>	Name	Address 2020 JUN -9 PH 7: 02	Type of Action
AMBR	Marie Mirlande Derisse	2880 W Oakland Park Blvd, #210, Oakland Park	, f □Add
			= Remove
			_ 🗆 Change
			🗆 Add
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			<u>.</u>		
				- ,	
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ffective date, if other	, than the date of fili	6/4/2020		(antianal)	
an effective date is listed, t	the date must be specific at d in this block does not	nd cannot be prior to date of meet the applicable stat	filing or more than 90 o		
record specifies a delay if is filed.	ed effective date, but no	ot an effective time, at 13	2:01 a.m. on the earli	er of: (b) The 90th day	after the
June 4th		2020			
	myde	a member or authorized rep			

Filing Fee: \$25.00