

L20 000 163 774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

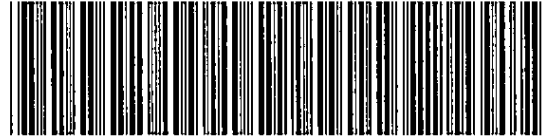
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U.S. DEPT. OF JUSTICE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

JUN 24 AM 11:46

May 14, 2021

ACOSTA DE GARCIA, ELYDE IRVETTE
3318 SONDER DRIVE
DAVENPORT, FL 33896

SUBJECT: G & R MASTER SOLUTIONS LLC
Ref. Number: L20000163774

We have received your document for G & R MASTER SOLUTIONS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 621A00010131

2021 JUN 24 AM 11:24

621A00010131

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G & R MASTER SOLUTIONS 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:

RIOS DE ACOSTA, ZULAY AMANDA
Name of Person

G & R MASTER SOLUTIONS LLC
Firm/Company

3318 SONDER DR.
Address

DAVENPORT, FL. 33896
City/State and Zip Code

zulayriosacosta@g.mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zulay Rios de Acosta at (863) 8524476
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2007 JUN 24 AM 11:21
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

G & R MASTER SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 15, 2021 and assigned Florida document number L20000163774.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Zulay Acosta	4848 Cypress Woods Dr. Apt 142	<input type="checkbox"/> Add
		ORLANDO, FL 32811-3786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Zulay Rios	3318 SONDER DR.	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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2021	JUN	24	A 11:20
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— ② —
— ③ —
— ④ —

(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.

Dated June 19, 2021

Signature of a member or authorized representative of a member

ZULAY A., RÍOS DE ACOSTA

Typed or printed name of signee