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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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DIVISION OF CORFORATION'S

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COVER LETTER

Divisio	on of Corp	porations		
30 SUBJECT:	00 Central,	LLC		
Sobile 1		Name of Lin	nited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all	l correspor	ndence concerning this matter	to the following:	
		Stephen Gianfilippo		
			Name of Person	
		Gianco Companies		
			Firm/Company	
		44838 W. Kennedy Boulev	vard Suite 445	
			Address	
		Tampa Florida 33609		
			City/State and Zip Code	
		Steveflip@griesinvfund.cor		
		E-mail address: (to be used for future annual report notifi	cation)
For further infor	mation co	ncerning this matter, please ca	all:	
Stephen Gianfil	ірро		727 432-3547	
	Name of	Person		Telephone Number
Enclosed is a ch	eck for the	following amount:		
■ \$25.00 Filin	g 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

300 Central, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number L1700133024		and assigned
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 I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		55 5
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	3 -
,		3 m
Enter new mailing address, if applicable:		COMPONITIONS OF LEGISLANDS
(Mailing address MAY BE A POST OFFICE BOX)		045
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r the name of the new
registered agent and/or the new registered office address	nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	· Zin 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>	Address	Type of Action
MGR	Charles Palmer	484830 W. Kennedy Boulevard Su	⊠ Add
		Tampa Florida 33609	□ Remove
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cument's effective date	on the Departmen	it of State's record	ls.		
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<i>-</i>				e of a member	
	Signature	of a member or au	horized representative	e of a member	

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Filing Fee: \$25.00