

L16000164509

(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



600291082426

10/11/16--01011--002 **25.00

FIELD
STATE
SECTION OF CORPORATIONS
16 OCT 11 PM 12:52

OCT 11 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 689 Debt Partners, 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:

Steve Gianfilippo
Name of Person

Flip Holdings, LLC
Firm/Company

4830 W. Kennedy Blvd suite 445
Address

Tampa FL. 33609
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael McAleenan at (386) 689-6239
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

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

689 Debt Partners, 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 Sept. 1, 2016 and assigned Florida document number L16000164509.

This amendment is submitted to amend the following:

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

same
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)

same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same

FILED
OFFICE OF THE
CLERK OF THE
STATE
16 OCT 11 PM 12:52

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:

same

New Registered Office Address:

same

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.

same
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>
<u>MBR</u>	<u>Brolli Co.</u>	<u>700 64th Ave S.</u>	<input type="checkbox"/> Add
		<u>St Petersburg FL 33705</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>GRM Family, LP</u>	<u>4830 W. Kennedy Blvd. 445</u>	<input type="checkbox"/> Add
		<u>Tampa FL 33609</u>	<input checked="" 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

FILED
 CLERK OF STATE
 DIVISION OF CORPORATION
 16 OCT 11 PM 12:52

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

The only member or manager should be
Flip Holdings, LLC

Please remove: Boli Co. & GEM Family, LP

E. Effective date, if other than the date of filing: Sept 01 2016 (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 October 4th, 2016


Signature of a member or authorized representative of a member

Steve Gianfilippo
Typed or printed name of signer

FILED
RECORDS DIVISION OF STATE
DEPARTMENT OF CORP. AFFAIRS
16 OCT 11 PM 12:52