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COVER LETTER

TO:	Registration Sc Division of Cor			
SUBJI	300 Central	LLC		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Steven Gianfilippo		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		GianCo Companies		
			Firm/Company	t the administration of the second of the se
		4830 W Kennedy Blvd Ste	: 445	
			Address	
		Tampa, FL 33609		
			City/State and Zip Code	
		steveflip@griesinvfund.con		
		E-mail address: (to be used for future annual report notif	cation)
For fur	ther information c	oncerning this matter, please co	all:	
Steven	Giantilippo		at (727 432-3547 Area Code Daytime	
	Name o	f Person	Atea Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
S 2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

300 Central, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	i <mark>pany as it now appears on our re</mark> c ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 6/19/2017	and assigned
Florida document number L17000133024		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "l	J.C" or the abbreviation "L. Fe."
Enter new principal offices address, if applicable:		9 = 1
(Principal office address MUST BE A STREET ADDRESS)		AH 10: 26
		ECHE DIVATIONS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	Nggapang paggapapan di Para Para Panganang pananggalahan di Panganan Panganan di Nasa Nasa Panganan di Nasa Pang
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		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>	Address	Type of Action
MGR	Flip Holdings LLC	4830 W Kennedy Blvd Ste 445	□ Add
		Tampa, FL 33609	■ Remove
			☐ Change
MGR	Steven Gianfilippo	4830 W Kennedy Blvd Ste 445	■ Add
		Tampa, FL 33609	☐ Remove
			Change
			Change Change
			Okii-Odjang
Washington and the same			A¥81
			☐ Remove
			□ Change
Nacidade Control de Appropriedades			□ Add
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ective date	e, if other than the d	ate of filing:				(optional)	
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Filing Fee: \$25.00