

L17000133024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

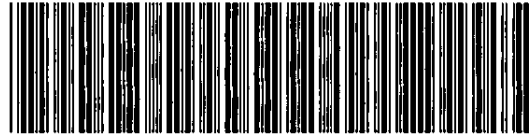
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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JUL 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 300 Central, 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:

Steven Gianfilippo

Name of Person

GianCo Companies

Firm/Company

4830 W Kennedy Blvd Ste 445

Address

Tampa, FL 33609

City/State and Zip Code

steveflip@griesinvfund.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Gianfilippo

727 432-3547

at ()

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

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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	Flip Holdings LLC	4830 W Kennedy Blvd Ste 445	<input type="checkbox"/> Add
		Tampa, FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Steven Gianfilippo	4830 W Kennedy Blvd Ste 445	<input checked="" type="checkbox"/> Add
		Tampa, FL 33609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (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.

(b) The 90th day after the record is filed.

Dated June 29, 2017


Signature of a member or authorized representative of a member

Steven Gianfilippo

Typed or printed name of signee