L00000010722

(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



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2014 NOV 24 AM 9: 50 SECKETARY OF STATE ALLAKSSEE FLORIDA

DEPARTMENT OF STATE



ACCOUNT NO. : I2000000195 REFERENCE : 389820 4304492 AUTHORIZATION : COST LIMIT ORDER DATE: November 24, 2014 ORDER TIME : 10:04 AM ORDER NO. : 389820-005 CUSTOMER NO: 4304492 DOMESTIC AMENDMENT FILING NAME: CARRIAGE COVE, LLC EFFECTIVE DATE: XX __ ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: Carriage	Cove, LLC		
		a Limited Liability Compa	ny
		fee(s) are submitted to er Business Entity" in	
Please return all cor	respondence concerni	ng this matter to:	
Susan R. McMaster			
	Contact Person		
Jaffe Raitt Heuer & Wo	eiss PC		
	Firm/Company	•••	
27777 Franklin Road, S	Suite 2500		
	Address		
Southfield, MI 48034			
	City, State and Zip Code		
smcmaster@jaffelaw.co	o be used for future annual	report potification)	
For further informat	ion concerning this ma	atter, please call:	
		at (
Name of Contact Person		Area Code and Daytime Telephone Number	
Enclosed is a check	for the following amo	unt:	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	S60.00 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corpora	tions	Division of Corporations	
Clifton Building		P. O. Box 6327 Tallahassee, FL 32314	
2661 Executive Center Circle		i allahassee,	rl 32314
Tallahassee, FL 323	וטכ		

CR2E106 (07/14)

FILED

2014 NOV 24 AM 9: 50

Articles of Conversion For Florida Limited Liability Company Into "Converted or Other Business Entity"

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

1. The name of the Florida Limited Liability Company converting into the "Other
Business Entity" is:
Carriage Cove, LLC L - 10722
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
Carriage Cove, LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a limited liability company
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country) on November 21, 2014
(Date of organization, formation or incorporation)
and the formation document is attached (if applicable).
4. The plan of conversion was approved by the converting Florida Limited Liability
Company in accordance with Chapter 605, F.S.
5. This conversion shall be effective in Florida on: Upon Fifing
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")

Page 1 of 2

a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:

Lake Forest, 1L 60045

840 South Waukegan Road, St. 222

Lake Forest, 1L 60045

Lake Forest, 1L 60045

7. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 2/r day of November . 20 14

Signature:

Must be signed by a Member or Authorized Representative

Printed Name: VTaxes R. G. Van Title: Authorized Representative

Fees: Filing Fee:

\$25.00

Certified Copy: Certificate of Status: \$30.00 (Optional) \$5.00 (Optional)

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SECRETARY OF STAL