# A12000000033

Office Use Only



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D CUSHING

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 614079 4306747

AUTHORIZATION

COST LIMIT

Please Use original submission date as file date.

ORDER NO. : 614079-005

ORDER DATE: January 13, 2021

ORDER TIME : 11:30 AM

CUSTOMER NO: 4306747

DOMESTIC AMENDMENT FILING

NAME: NORMAN LOVE ENTERPRISES, LLLP

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT/CONVERSION! RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#61594

EXAMINER'S INITIALS:

### COVER LETTER

| TO:  | Registration S     |  |   |  |                     |            |
|--|--------------------|--|---|--|---------------------|------------|
|  | Division of C      | orporations  |   | •  |                     |            |
| SUBJ   | ECT: Norma         | al Love Enterprises, LLLP<br>f Florida Limited Partnersh   | nip or Limited Liability Lim                                    | ited Partnership   |                     |            |
| Limit  | ed Partnership o   |  | I fee(s) are submitted to<br>mited Partnership into<br>04, F.S. |  |                     |            |
| Please   | e return all corre | espondence concerning  | g this matter to:   |  |                     |            |
|  | Anne Moceri        |  |   |  |                     |            |
|  |                    | Contact Person   |   |  |                     |            |
|  | Honigman LLF       |  |   |  | 2                   | •          |
|  |                    | Firm/Company   |   |  | 21 JAN 14           |            |
|  | 2290 First Nati    | onal Bldg., 660 Woodwar  | d Ave   |  | 77                  |            |
|  |                    | Address  |   |  | <del>-</del>        | _          |
|  | Detroit ML 49      | 226  |   |  |                     |            |
|  | Detroit, MI 48     | ity, State and Zip Code  | <del></del>   |  | P:                  | M Oliverie |
| ŧ  | amoceri@honign     | lan com  |   |  | £                   | :          |
| <del></del>  | -mail address: (to | be used for future annual r  | eport notification)   |  | $\overline{\omega}$ | Ē          |
| For fi   | urther informati   | on concerning this ma  | tter, please call:  |  |                     |            |
|  | Anne Moceri        |  | at ( 313)_  | 465-7100   | _                   |            |
|  | Name of Conta      | ct Person  | Area Code and Da  | ytime Telephone Number   |                     |            |
| Enclo  | sed is a check t   | for the following amou   | ınt:  |  |                     |            |
| □ \$5  | 2.50 Filing Pee    | \$61.25 Filing Fee<br>and Certificate of<br>Status   | \$105.00 Filing Fee and Certified Copy                          | ☐ \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |                     |            |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                    | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |   |  |                     |            |



January 15, 2021

CSC

RESUBMIT

Please give original submission date as file date.

SUBJECT: NORMAN LOVE ENTERPRISES LLLP

Ref. Number: A12000000033

We have received your document for NORMAN LOVE ENTERPRISES LLLP and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The converting entity must file current year's annual report.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 521A00001052

21 JAN 14 PH 4: 13

#### Certificate of Conversion

For

## Florida Limited Partnership or Limited Liability Limited Partnership Into

#### "Other Organization"

This Certificate of Conversion is submitted to convert the following Florida Limited Partnership or Limited Liability Limited Partnership into an "Other Organization" in accordance with s. 620.2104, Florida Statutes.

| 1. The name of the Florida Limited Partnership or Limited Liability Limited Partnership converting into the "Other Organization" is:   |
|--|
| Norman Love Enterprises, LLLP  |
| Enter Name of Florida Limited Partnership/Limited Liability Limited Partnership  |
| 2. The name of the "Other Organization" is:  |
| Norman Love Enterprises, LLC   |
| Enter Name of "Other Organization"   |
| 3. The "Other Organization" is alimited liability company  (Enter entity type. Example: corporation, limited liability company, 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) |
| 4. The above referenced Florida Limited Partnership or Limited Liability Limited Partnership has converted into an "Other Organization" in compliance with Chapter 620, F.S., and the conversion complies with the applicable laws governing the "Other Organization."   |
| 5. The plan of conversion was approved by the converting Florida Limited Partnership of Limited Liability Limited Partnership as required by Chapter 620, F.S., and the governing law of the converted "Other Organization"  |

| 6. This conversion               | was effective  | under the laws governin   | g the "Other Organization"   |
|----------------------------------|----------------|---|--|
| on: December 30,                 | 2020           |   |  |
| ousiness in Florida              | , the "Other O | an out-of-state organizating anization" lists the folloperatment of State may | tion not registered to transact<br>lowing street and mailing<br>use for purposes of s. |
| Street Address:                  | 11380 Line     |   |  |
|                                  | Fort Myen      | s, FL 33913   |  |
| Mailing Address:                 | 11380 Lin      |   |  |
|                                  | Fort Mye       | rs, FL 33913  |  |
| Signed this 4                    | day of _ F     | ebruary   | 20 <u>21</u> .   |
| Signature of Each                | General Partne | er listed in Certificate of   |  |
|                                  |                |   |  |
| Fees: Filing Fee:<br>Certified C | opy:           | \$52.50<br>\$52.50 (Optional)<br>\$8.75 (Optional)                            |  |

Page 2 of 2