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(.	Requestor's Name)	
	Address)	
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(1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
. (Business Entity Name)	····
- (Document Number)	
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Certified Copies	Certificates o	f Status
Special Instructions to F	Filing Officer;	
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Office Use Only



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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN					
	PICK U	JENA 11/19			
xx	CERTIFIED COPY PHOTOCOPY				
XX	CUS	65			
XX	FILING	CONVERSION			
1.	. JAX LANTERN LLC (CORPORATE NAME AND DOCUMENT #)				
2.	(CORPORATE NAME AND DOCUMENT #)				
3.	(CORPORATE NAME AND DOCUM	MENT #)			
4. (CORPORATE NAME AND DOCUMENT #)					
5.	CORPORATE NAME AND DOCUMENT #)				
6.	(CORPORATE NAME AND DOCUM	MENT#)			
SPECIAL INSTRUCTIONS:					

COVER LETTER

TO:	Registration S Division of C			
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SUBJ	IECT: JAX LAN	TERN LLC		
		Name of Florida	Limited Liability Company	y
Limit			ec(s) are submitted to c r Business Entity" in a	
Please	e return all corr	espondence concernin	g this matter to:	
Gary S	Silberman, Esq.			
		Contact Person		
Gary S	Silberman, P.A.			
		Firm/Company		
2665 \$	S. Bayshore Drive,	Suite 725		
		Address		
Cocon	ut Grove, FL 3313	33		
	C	City, State and Zip Code		
ddomi	nguez@bayshoreg	rovemgmt.com		
		be used for future annual	report notification)	
For fi	ırther informati	on concerning this ma	atter, please call:	
Daniel Dominguez		· ·	-7387	
	Name of Contact P	erson		ytime Telephone Number
Enclo	osed is a check	for the following amou	unt:	
□ \$ 2	5.00 Filing Fee	S30.00 Filing Fec and Certificate of Status	☐\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee. Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

CR2E106 (05/17)

Articles of Conversion

For

Florida Limited Liability Company Into

2024 NOV 19 AM 10: 21

FILED

"Converted or Other Business Entity"

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:
JAX LANTERN LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
JAX LANTERN LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a limited liablity 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
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: (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.")
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.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - 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:					
	Miami, Florida 33133				
Mailing Address:	2665 South Bayshore Drive, Suite M102				
C	Miami, Florida 33133				
7. The "Converted or appraisal rights the and 605.1061-605		members having nder ss. 605.1006			
Signed this	daylof November	, 20 ²⁴			
Signature:	Must be signed by a Member or Authorized Represen	ntative			
Printed Name: Viviar	n Z Dimond Title: Manager of Member				
Fees: Filing Fee: Certified Cop Certificate of	-	2024 N TĂLL			
	Page 2 of 2	2024 NOV 19			