

L080000064414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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RECEIVED  
2020 OCT 30 PM 2:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2020 OCT 30 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 11 2020

FILE 1ST

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

ACCOUNT NO. : I20000000195  
REFERENCE : 490945 7175508  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : October 28, 2020  
ORDER TIME : 11:38 AM  
ORDER NO. : 490945-015  
CUSTOMER NO: 7175508

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DOMESTIC AMENDMENT FILING

NAME: KM MHC, 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: Amanda Robinson -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KM MHC, LLC  
Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:

Tom Bueltmann  
Contact Person  
Lakeshore Communities  
Firm/Company  
8800 N. Bronx Avenue, 2nd Floor  
Address  
Skokie, Illinois 60077  
City, State and Zip Code  
bueltmann@lakeshoremhc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Cohen at ( 312 ) 346-8380  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$55.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|---|---|---|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E106 (07/14)

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

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:

KM MHC, LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

KM MHC, 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 Delaware  
(Enter state, or if a non-U.S. entity, the name of the country)  
on October 30, 2020  
(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: October 30, 2020  
(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: 8800 N. Bronx Avenue, 2nd Floor  
Skokie, Illinois 60077

Mailing Address: 8800 N. Bronx Avenue, 2nd Floor  
Skokie, Illinois 60077

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 30th day of October, 20

Signature: \_\_\_\_\_

Must be signed by a Member or Authorized Representative

Printed Name: Joseph I. Wolf Title: Authorized Representative

**Fees:** Filing Fee: \$25.00  
Certified Copy: \$30.00 (Optional)  
Certificate of Status: \$5.00 (Optional)