L16000138233

* .
(Requestor's Name)
(Address)
(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:
WH6-3847/

Office Use Only

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SECRETARY OF STAT

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MAKING A DIFFERENCE, LLC (Name of Resulting Florida Limited Company)
(Name of Resulting Florida Limited Company)
The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning this matter to:
BRIDGET R Jonge (Contact Person)
(Firm/Company)
5337 N. SOCNUM LOOP RD SUITE 322
LAKELAND, Fl 33809 (City, State and Zip Code)
E-mail Address: (to be used for future annual report notifications)
For further information concerning this matter, please call:
Bringer Jonge at (863) 800-05/9 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & Status St
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallabassee, FL 32314

Tallahassee, FL 32301



May 25, 2016

BRIDGET R JORGE 5337 N. SOCRUM LOOP RD SUITE 322 LAKELAND, FL 33809

SUBJECT: MAKING A DIFFERENCE, LLC

Ref. Number: W16000038471

We have received your document for MAKING A DIFFERENCE, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 216A00011116

From: Christopher Imbach < chris.imbach@ctirms.com>

Date: July 7, 2016 at 10:25:20 AM EDT To: Rudy Jorge < riorge007@gmail.com > Subject: RE: Making a difference

Rudy. Good talking with you. I do not intend to reinstate my Florida
Not For Profit Corporation MAKING A DIFFERENCE, INC. Document Number
N13000006452. Let me know if you have any questions.

Chris Imbach

President, Making A Difference, INC.

904.318.0508

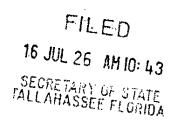
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SECKETARY OF STATE
SECKETARY OF STATE

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company



The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
MAKING A DIFFUNENCE, LLC (Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Line feet him him he Company. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Making A Diffenence, LLC (Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
5. The plan of conversion has been approved in accordance with all applicable statutes.

Page 1 of 2

A Committee of the Comm		
Signed this 13 day of May	_20 <i>_16</i> .	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative: Printed Name: Daug / 45 Stannen	Title Mann	
Signature(s) on behalf of Other Business Entity: [
Signatured C. Stanciar Printed Name: Douglas Stanciar	Title: #19191	
Chair.	,	
Signature:Printed Name:	Title:	
Signature:Printed Name:	Tille	
		ا به .
Signature:Printed Name:	_Title:	
Signature:		
Printed Name:	_Title:	
Signature:Printed Name:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fecs:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAKING A DIFFERENCE	s, LLC
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
	Mailing Address:
5337 N GOENUM 100 P 120. SUITE 322. LAKULAND, F/ 33805	SAME
ARTICLE III - Registered Agent, Registered O	PE 5
The name and the Florida street address of the reg	
Douglas Stan	NEC 26 ASSI
1249 Timber Riog Florida street address	ss (P.O. Box NOT acceptable)
LAKUTAN D City, State, and	FL 33805
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as register	s certificate, I hereby accept the appointment as I further agree to comply with the provisions of all

(CONTINUED)

Registered Agent's Signature

MGRM

"AMBR" = Authorized Member "MGR" = Manager MGR MGR MGR MGR MGR MGR MGR MG	Title:	Name and Address:
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: 19 (OPTIONAL) 11 (OPTIONAL) 12 (P) (OPTIONAL) 13 (OPTIONAL) 15 (P) (OPTIONAL) 16 (P) (OPTIONAL) 17 (OPTIONAL) 18 (P) (OPTIONAL) 19 (OPTIONAL) 29 (OPTIONAL) 20 (OPTIONAL) 20 (OPTIONAL) 21 (OPTIONAL) 22 (OPTIONAL) 23 (OPTIONAL) 24 (OPTIONAL) 25 (OPTIONAL) 26 (OPTIONAL) 27 (OPTIONAL) 28 (OPTIONAL) 29 (OPTIONAL) 20 (OPTIONAL) 20 (OPTIONAL) 21 (OPTIONAL) 22 (OPTIONAL) 23 (OPTIONAL) 24 (OPTIONAL) 25 (OPTIONAL) 26 (OPTIONAL) 27 (OPTIONAL) 28 (OPTIONAL) 29 (OPTIONAL) 20 (OPTIONAL) 20 (OPTIONAL) 21 (OPTIONAL) 22 (OPTIONAL) 23 (OPTIONAL) 24 (OPTIONAL) 25 (OPTIONAL) 26 (OPTIONAL) 27 (OPTIONAL) 28 (OPTIONAL) 29 (OPTIONAL) 20 (OPTIONAL) 20 (OPTIONAL) 21 (OPTIONAL) 22 (OPTIONAL) 23 (OPTIONAL) 24 (OPTIONAL) 25 (OPTIONAL) 26 (OPTIONAL) 26 (OPTIONAL) 27 (OPTIONAL) 27 (OPTIONAL) 28 (OPTIONAL) 29 (OPTIONAL) 20 (OPTIONAL) 20 (OPTIONAL) 21 (OPTIONAL) 22 (OPTIONAL) 23 (OPTIONAL) 24 (OPTIONAL) 25 (OPTIONAL) 26 (OPTIONAL) 26 (OPTIONAL) 27 (OPTIONAL) 28 (OPTIONAL) 29 (OPTIONAL) 20 (OPTIONAL) 20 (OPTIONAL)	"AMBR" = Authorized Member	
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:		Davidas Stanione
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:	M6R	1249 TIMBER RINGE LOOP
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:		HAKE MIND, P. 33809
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:	 	
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TICLE V: Effective date, if other than the date of filing:		
TICLE V: Effective date, if other than the date of filing:		
an effective date is listed, the date must be specific and cannot be more than five business days per 90 days after the date of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records. TICLE VI: Other provisions, if any.	(Lies attachment if necessary)	
an effective date is listed, the date must be specific and cannot be more than five business days per 90 days after the date of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records. TICLE VI: Other provisions, if any.	• /	> 3
	TICLE V: Effective date, if other th	an the date of filing: (OPTIONAL)
REQUIRED SIGNATURE: MGR M	TICLE V: Effective date, if other than effective date is listed, the date in r 90 days after the date of filing.)	must be specific and cannot be more than five business days p meet the applicable statutory filing requirements, this date will not be listed a
REQUIRED SIGNATURE: MGRM	TICLE V: Effective date, if other than effective date is listed, the date is r 90 days after the date of filing.) E: If the date inserted in this block does not iment's effective date on the Department of	must be specific and cannot be more than five business days p meet the applicable statutory filing requirements, this date will not be listed a 'State's records.
MGRM	TICLE V: Effective date, if other the an effective date is listed, the date is properly of the date of filing.) E: If the date inserted in this block does not	must be specific and cannot be more than five business days p meet the applicable statutory filing requirements, this date will not be listed a 'State's records.
	TICLE V: Effective date, if other the an effective date is listed, the date is or 90 days after the date of filing.) E: If the date inserted in this block does not ament's effective date on the Department of TICLE VI: Other provisions, if any.	must be specific and cannot be more than five business days p meet the applicable statutory filing requirements, this date will not be listed a State's records.

ARTICLE IV-

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

S-ARWEN

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2