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(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only

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M. MOON OCT 1 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION (2)

COST LIMIT :

ORDER DATE: October 6, 2017

ORDER TIME : 11:55 AM

ORDER NO. : 851861-025

CUSTOMER NO: 4313323

DOMESTIC AMENDMENT FILING

NAME:

POWDER HORN HILL PARTNERS II,

LLC

EFFECTIVE DATE:

XXX ARTICLES OF AMENDMENT

\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_ PLAIN STAMPED COPY

\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

## Articles of Conversion For "Other Business Entity" Into

## Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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 Busi POWDER HORN HILL PARTNERS	ness Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The "Other Business Entity"	is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incor	porated under the laws of
May 14, 2013	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation o	r incorporation)
3. The name of the Florida Lim	ited Liability Company as set forth in the attached Articles of Organization:
POWDER HORN HILL PARTNERS	II, LLC
(Enter Na	ame of Florida Limited Liability Company)
4. If not effective on the date of	f filing, enter the effective date:
(The effective date: 1) cannot after the date this document is the effective date listed in the	be prior to date of receipt or filed date nor more than 90 calendar days if filed by the Florida Department of State; <u>AND</u> 2) must be the same as attached Articles of Organization, if an effective date is listed therein.) does not meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has be	een approved in accordance with all applicable statutes.
	ness Entity" has agreed to pay any members having appraisal rights the amount to led under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 30 <sup>th</sup> day of September	20_17
Signature of Authorized Representative of Limi	ted Liability Company:
Signature of Authorized Representative: Printed Name: James E. Lillie	Witle: Member
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]
Signature:	•
Printed Name: James E Lillie	Title: Member
Signature:	mil.
Printed Names	Title:
Signature:	
Printed Name:	Title:
0.	
Signature:Printed Name:	Tial a.
rimed Name:	1106:
Signature:	
Printed Name:	Title:
Simotore	
Signature:Printed Name:	Title
7. Mod Pourio.	
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or C	
If Directors or Officers have not been selected, an Inc	corporator must sign.
If Florida General Partnership or Limited Liabilit	y Partnershio:
Signature of one General Partner.	,
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
Signatures of AJEL General Partitiers.	
All others:	
Signature of an authorized person.	
Para.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	ny is:
POWDER HORN HILL PARTNERS II, LLC	
(Must contain the words "Limited I	liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3651 Collins Ave, Unit 300	3651 Collins Ave, Unit 300
Miami Beach, FL 33140	Miami Beach, FL 33140
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Corporation Service Comp	any
<del>-                                    </del>	Name
1201 Hays Street	
Florida street address	(P.O. Box <u>NOT</u> acceptable)
Tallahassee,	FL 32301

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Zip

Roxanne Turner Asst. Vice President

Registered Agent's Signature (REQUIRED)

City



Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	1 T 1 197
AMBR	James E. Lillie
	3651 Collins Ave, Unit 300
	Miami Beach, FL 33140
<del></del>	
	<del></del>
(Use attachment if necessary)	
prior to or 90 calendar days after the date	the applicable statutory filing requirements, this date will not be listed as the
ARTICLE VI: Other provisions, if any.	
	to any of its managers, officers and members, any person who has
	eirs, executors, administrators, successors and assigns of such
person or entity to the fullest extent permitted by the	law as the same exists now or may hereafter be amended.
DECHIDED SICKATUDE.	<b>4</b> 5 1
REQUIRED SIGNATURE:	
	-1 (0). J
Signature of a membe	r) or an authorized representative of a member.
This document is executed in a	r) of an authorized representative of a member.
This document is executed in a l am aware that any false inform	r) or an authorized representative of a member.  coordance with section 605.0203 (1) (b), Florida Statutes.  hation submitted in a document to the Department of State
This document is executed in a l am aware that any false inform	r) of an authorized representative of a member.
This document is executed in a l am aware that any false inform	r) or an authorized representative of a member. So an authorized representative of a member. So at a document to the Department of State as provided for in s.817.155, F.S.
This document is executed in a lam aware that any false inform constitutes a third degree felony  Jams E. Lille, Authorized	r) of an authorized representative of a member. Ecordance with section 605.0203 (1) (b), Florida Statutes. Nation submitted in a document to the Department of State vas provided for in s.817.155, F.S.  Member ped or printed name of signee
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This document is executed in a lam aware that any false information constitutes a third degree felory  Jams E. Lille, Authorized  Ty	ror an authorized representative of a member.  coordance with section 605.0203 (1) (b), Florida Statutes. hation submitted in a document to the Department of State as provided for in s.817.155, F.S.  Member  ped or printed name of signee  Filing Fees of Organization and Designation of Registered Agent

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-

Company: