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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 851861 4313323

AUTHORIZATION :

COST LIMIT : (\$\frac{15}{0.00}

ORDER DATE: October 6, 2017

ORDER TIME : 11:56 AM

ORDER NO. : 851861-040

CUSTOMER NO: 4313323

DOMESTIC AMENDMENT FILING

NAME: POWDER HILL PARTNERS, 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:

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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 Business Entity" i POWDER HORN HILL PARTNERS, LLC	immediately prior to the filing of the Articles of Conversion is:
(Enter Name of	Other Business Entity)
2. The "Other Business Entity" is a limited lia	bility company
(Enter entit	y type. Example: corporation, limited partnership, partnership, common law or business trust, etc.)
First organized, formed or incorporated under	r the laws of Connecticut
on December 21, 2000 (date of organization, formation or incorporation)	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability POWDER HORN HILL PARTNERS, LLC	Company as set forth in the attached Articles of Organization:
(Enter Name of Florida I.	imited Liability Company)
after the date this document is filed by the the effective date listed in the attached Art	late of receipt or filed date nor more than 90 calendar days Florida Department of State; <u>AND</u> 2) must be the same as icles of Organization, if an effective date is listed therein.) the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been approved	in accordance with all applicable statutes.
 The "Converted or Other Business Entity" has which such members are entitled under ss. 6 	as agreed to pay any members having appraisal rights the amount to 05.1006 and 605.1061-605.1072, F.S.

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Signed this 30 Th day of September	20 <u>_17</u>
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:	
Signature:	,
Printed Name: James E Lillie	Title: Member
Signature:	
Printed Names	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation:	o. 07
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.	y rartnersnip:
If Florida Limited Partnership or Limited Liabilit	y Limited Dortnership.
Signatures of ALL General Partners.	y Edinted Farthership.
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00 \$125.00
Certified Copy: Certificate of Status:	\$30.00 (Optional)
Comment of Status,	\$5.00 (Optional)

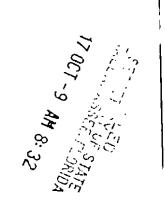
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	<i>r</i> is:
POWDER HORN HILL PARTNERS, LLC	
(Must contain the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
Deinsinal Office Address.	Neutine Address
Principal Office Address:	Mailing Address:
3651 Collins Ave, Unit 300	3651 Collins Ave, Unit 300
Miami Beach, FL 33140	Miami Beach, FL 33140
The name and the Florida street address of the	egistered Agent. You must designate an individual or another he registered agent are:
Corporation Service Compan	ny
	ame
1201 Hays Street	
Florida street address (I	P.O. Box NOT acceptable)
Tallahassee,	FL 32301
City	Zip
Having been named as registered agent an	nd 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.,

Registered Agent's Signature (REQUIRED)



Roxanne Turner Asst. Vice President

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	James E. Lillie
	3651 Collins Ave, Unit 300
	Miami Beach, FL 33140
	Ţ.
	
 	
effective date is listed, the date mu	the date of filing:
CLE V: Effective date, if other than effective date is listed, the date muto or 90 calendar days after the data of the date inserted in this block does not meent's effective date on the Department of State CLE VI: Other provisions, if any.	ast be specific and cannot be more than five business day e of filing.) et the applicable statutory filing requirements, this date will not be listed e's records.
CLE V: Effective date, if other than effective date is listed, the date muto or 90 calendar days after the date if the date inserted in this block does not meent's effective date on the Department of State CLE VI: Other provisions, if any ompany shall indemnify and advance expense	est be specific and cannot be more than five business day e of filing.) et the applicable statutory filing requirements, this date will not be listed e's records. es to any of its managers, officers and members, any person who has
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CLE V: Effective date, if other than effective date is listed, the date muto or 90 calendar days after the data of the date inserted in this block does not meent's effective date on the Department of State CLE VI: Other provisions, if any empany shall indemnify and advance expense to be a manager, officer or member, and the or entity to the fullest extent permitted by the REQUIRED SIGNATURE: Signature of a member of the provisions of the content of the fullest extent permitted by the REQUIRED SIGNATURE:	est be specific and cannot be more than five business dayse of filing.) In the applicable statutory filing requirements, this date will not be listed e's records. The sto any of its managers, officers and members, any person who has heirs, executors, administrators, successors and assigns of such the law as the same exists now or may hereafter be amended. The or an authorized representative of a member, accordance with action 605.0203 (1) (b), Florida Statutes, repation submitted in a document to the Department of State
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-