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(Re	questor's Name)					
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
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Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/9/2021

NAME: THE WAY BETTER COMPANY LLC

TYPE OF FILING: CONVERSION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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.

Business Entity" is:	
THE WAY BETTER COMPANY LLC	
Enter Name of Florida Limited Liabili	ity Company
2. The name of the "Converted or Other Business Enti	ity" is:
BETTER NOT YOUNGER CORPORATION	
Enter Name of "Converted or Other Bu	siness Entity"
3. The "Converted or Other Business Entity" is a (Enter entity type. Example: corporation, limited partnership, sole prop- business trust, etc.)	
organized, formed or incorporated under the laws of	ELAWARE or if a non-U.S. entity, the name of the country)
4. The plan of conversion was approved by the conve Company in accordance with Chapter 605, F.S.	rting Florida Limited Liability
5. This conversion shall be effective in Florida on: (The effective date: 1) cannot be prior to nor more than 90 days after th Department of State; AND 2) must be the same as the effective date of the Other Business Entity.")	PRIL 9, 2021 e date this document is filed by the Florida the conversion under the laws governing the
Note: If the date inserted in this block does not meet the applica will not be listed as the document's effective date on the Department.	ible statutory filing requirements, this datement of State's records.

	the "Converter issect business i					y not registered to y":
(•				e Florida ment pursuant to
Street .	Address:	3594 ROCKERMAN ROAD				
		MIAML, FL 33133				
Mailing Address:	3594 ROCKERMAN ROAD					
		MIAMI, FL 33133				
app		e amount to wi				embers having er ss. 605.1006
Signed	9TH 1 this	day o	APRIL			, 20 ²¹
Signat						
~~~		Mass be s	igned by a M	caster or Antho	izad Representati	vc
Printe	d Name:	OLES GONZAL		CHIEF	EXECUTIVE O	FFICER
Pees:	Filing Fee:		\$25.00			
	Certified Cop Certificate of			Optional) Optional)		

Page 2 of 2

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