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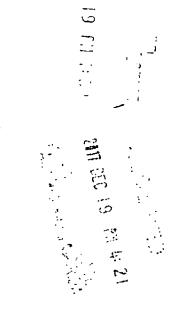
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

M. MOON DEC 22 2017



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M. MOON DEC 2 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 941863 7785887
AUTHORIZATION : Smell Re
COST LIMIT : \$ 150.00
ORDER DATE : December 5, 2017
ORDER TIME : 2:04 PM
ORDER NO. : 941863-015
CUSTOMER NO: 7785887
DOMESTIC AMENDMENT FILING
NAME: LEGACY DIRECTORS, LLC
EFFECTIVE DATE:
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: 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 Business Entity" immediately prior to the filing of the Articles of Conversion is: LEGACY DIRECTORS, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of NORTH CAROLINA (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
07/19/2010 on -
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: LEGACY DIRECTORS, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) 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. 5. The plan of conversion has been approved in accordance with all applicable statutes.
6. 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 15th day of December	20 17
Signature of Authorized Representative of Limite	
Signature of Authorized Representative: Juca Printed Name: TINA K GONDA	K Houda
Signature(s) on behalf of Other Business Entity: S	ce below for required signature(s)]
Signature: JWa 10 Handa- Printed Name: John R. Gonda	Title: MOEMBERU
Signature:Printed Name:	Title:
Signature:Printed Name:	_Title:
Signature:Printed Name:	_ Title:
Signature: Printed Name:	Title:
Signature:Printed Name:	_ Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

Truccia Fitter

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company	is:	
LEGACY DIRECTORS, LLC		
(Must contain the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
4709 Artesa Way E	4709 Artesa Way E	
Palm Beach Gardens, FL 33418	Palm Beach Gardens, FL 33	418
		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Fousiness entity with an active Florida registration.) The name and the Florida street address of the server and the se	tegistered Agent. You must designate an individ	
Corporation Service Compa	· h · · · · · · · · · · · · · · · · · ·	
N	ame	
120) Hays Street		
Florida street address (P.O. Box <u>NOT</u> acceptable)	
Tallahassee	FL 32301	
City	Zip	
	·	
Having been named as registered agent ar liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl accept the obligations of my position a Corporation Se	ed in this certificate. I hereby accept to pacity. I further agree to comply with the performance of my duties, and I described to the performance of my duties.	the appointment as h the provisions of all im familiar with and
CX		
Registered Agent's	Signature (REQUIRED)	17,
Name: Conor Duman	Title Assistant Secretary	250
(CON	TINUED)	Weell9 hit is us

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	, m, , , , , , , , , , , , , , , , , ,
AMBR	TINA K GONDA
	4709 Artesa Way E
	Palm Beach Gardens, FL 33418
AMBR	MARK GONDA
	4709 Artesa Way E
	Palm Beach Gardens, FL 33418
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
DDE 4. Office provisions, if any.	
REQUIRED SIGNATURE:	
This of Hu	Juda
Signature of a member of This document is executed in accordance	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes, I am aware that the Department of State constitutes a third degree felon
TINA K GONDA	
T	yped 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)