# L18000269382

(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



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CENTED SELVED

OCT 07 2021 I ALBRITTON: CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 07/1664 4333422

AUTHORIZATION :

COST LIMIT : \$ 30.00

ORDER DATE: October 4, 2021

ORDER TIME : 9:43 AM

ORDER NO. : 071664-005

CUSTOMER NO: 4333422

\_\_\_\_\_

#### DOMESTIC AMENDMENT FILING

NAME: ONPASSIVE, LLC

EFFECTIVE DATE:

XX\_\_\_\_ ARTICLES OF AMENDMENT/CONVERSION
\_\_\_\_ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

(10)

#### **COVER LETTER**

TO:	O: Registration Section Division of Corporations							
SUBJ	UBJECT: ONPASSIVE, LLC							
0020		Name of Florida	Limited Liability Compar	ny				
Limit			ee(s) are submitted to a Business Entity" in a					
Pleas	e return all corre	espondence concernin	g this matter to:					
Ashra	f Mufareh							
	<del> </del>	Contact Person						
,	***	Firm/Company	<u></u>					
7380	W. Sand Lake Road	d, Suite 500						
		Address	-					
Orlane	do, Florida 32819							
	C	ity. State and Zip Code						
-	li@gmail.com							
F	-mail address: (to	be used for future annual	report notification)					
For fi	urther information	on concerning this ma	tter, please call:					
Ashra	f Mufareh		at (650 ) 290	)-3562				
Name of Contact Person			ytime Telephone Number					
Enclo	sed is a check f	or the following amou	ant:					
□ <b>\$</b> 2	5.00 Filing Fee	■ \$30.00 Filing Fee and Certificate of Status	□\$55.00 Filing Fee and Certified Copy	☐ \$60.00 Filing Fee. Certified Copy, and Certificate of Status				
Mailing Address: Registration Section		Street Address: Registration Section						
Division of Corporations			Division of Corporations					
P.O. Box 6327			The Centre of Tallahassee					
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810					
			Tallahassee, FL 32303					

CR2E106 (05/17)

### **Articles of Conversion**

For

May 63, 25 May 9, 25

## 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.

1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:
ONPASSIVE, LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
ONPASSIVE, LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a Limited Liability Company (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law obusiness trust, etc.)
organized, formed or incorporated under the laws of
The formation document is attached (if applicable).
4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S.
5. This conversion shall be effective in Florida on:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.")
<u>Note:</u> 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.

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
  - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

Street Address:		7380 W Sand Lake Ro	oad, Suite 500		
		Orlando, Florida 32819			
Mailing Address:		7380 W Sand Lake Road, Suite 500			
		Orlando, Florida 32819			
арр		amount to which such	has agreed to pay any mem members are entitled under		
C: 1	1.41.1	1 6	9/23/2021   10:32 AM P	DT 20 21	
				, 20	
Signati		uSigned by:  0C34249774C3  Must be signed by a N	Member or Authorized Representative		
Printed	Ashraf l Name:		Title: Manager		
	<del></del>				
Fees:	Filing Fee:	\$25.00			
	Certified Copy	r: \$30.00	\$30.00 (Optional)		
	Certificate of S	Status: \$5.00 @	\$5.00 (Optional)		

Page 2 of 2