	(Requestor's Name)
	(Address)
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer;





100343203991



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/16/2020	
	Marcel Ogbonna-Amu	
Reference	#:1208929	
Entity Name	e:STRONG CITY ADVISORS L	LC
	les of Incorporation/Authorization to Transact Busine	ess
Char	nge of Agent	ANY ISSUES, CALL MARCEL:
Rein	statement	(518) 213 - 0826
✓ Conv	version	Thank you!
☐ Merg	ger	
☐ Diss	olution/Withdrawal	
☐ Fictit	tious Name	
Othe	er	
Authorized	Amount:150.00	
Signature:	Marcel og bonner Amu	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 04	4/16/2020		
Name: M	arcel Ogbonna-Amu		
Reference #:	1208929	_	
	STRONG CIT	Y ADVISORS LLC	_
	of Incorporation/Authorization		
Change	of Agent		ANY ISSUES, CALL MARCEL:
Reinstat	tement		(518) 213 - 0826
✓ Convers	sion		Thank you!
Merger			
Dissolut	ion/Withdrawal		
Fictitious	s Name		
Other_			
	ount: 150.00	··········	

F: 800.944.6607

### **COVER LETTER**

CR2E106 (05/17)

TO:	Registration S Division of Co	orporations		
SUBJE	SUBJECT: Strong City Advisors LLC Name of Florida Limited Liability Company			
Limited			e(s) are submitted to co Business Entity" in ac	
Please	return all corre	spondence concerning	this matter to:	
		-	•	
-	David (	Contact Person	<del></del>	
<del></del>	Strong C	Contact Person  Lity Advisors  Firm/Company	116	
	16328	Abirdeen Way Address		
		•		
	Ci	y, State and Zip Code	<del></del>	
E-mail address: (to be used for future annual report notification)				
For fur	ther informatio	on concerning this mat	ter, please call:	
Name of Contact Person at (201) 274 - 5741  Area Code and Daytime Telephone Number				
Name of Contact Person Area Code and Daytime Telephone Num			ime Telephone Number	
Enclosed is a check for the following amount:				
□ <b>\$2</b> 5.0	00 Filing Fee	S30.00 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

# 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.
1. The name of the Florida Limited Liability Company converting into the "Other $\frac{m_{\text{cons}}}{m}$ Business Entity" is:
Strong City Advisors LLC Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
Strong City Advisors LLC  Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a
organized, formed or incorporated under the laws of <u>Delawaye</u> .  (Enter state, or if a non-U.S. entity, the name of the country)  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.")
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.

- 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:	115 N	115 N Calhoun St. Suite 4		
	Talla	hassee, Florida 320	301	
Mailing Address:	115 N C	Calhoun St. Suite 4		
rouning reduces.	Tallah	nassee, Florida 323	01	
appraisal right	ed or Other Busine s the amount to wi 605.1072, F.S.	ss Entity" has agr hich such member	reed to pay any m rs are entitled un	nembers having der ss. 605.1006
Signed this	14 thday o	of April		, 20
Signature:	Must be s	A: A60 signed by a Member or	Authorized Represents	etive
Printed Name:		Title:		
Fees: Filing Fee Certified ( Certificate	:	\$25.00 \$30.00 (Optional \$5.00 (Optional	al)	

Page 2 of 2

FACT AHASSET TIONS