L20000 388819

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name)
(Dc	ocument Number)	
(,	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	
\ \ /	_	
W2000141	113	





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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195
REFERENCE	: 546487 5030276
AUTHORIZATION	Smell de no
COST LIMIT	: \$ 150.00
ORDER DATE : December 10, 2020	
ORDER TIME : 12:33 PM	
ORDER NO. : 546487-005	
CUSTOMER NO: 5030276	
	-
DOMESTIC AM	ENDMENT
NAME: CONDOTTE AMERIC	CA, INC.
EFFECTIVE DATE: XX	
XX ARTICLES OF AMENDMENT/CONTRESTATED ARTICLES OF INCOME.	
PLEASE RETURN THE FOLLOWING AS 1	PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STAI	NDING
CONTACT PERSON: Eyliena Baker	EXT#

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. C	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2.	The "Other Business Entity" is a corporation M62567
	(Enter entity type: Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
Fi	rst organized, formed or incorporated under the laws of
on	11/16/1987
011	(date of organization, formation or incorporation)
	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ondotte America, LLC
_	(Enter Name of Florida Limited Liability Company)
(T the No	If not effective on the date of filing, enter the effective date: he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after e date this document is filed by the Florida Department of State.) te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument'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.

100 M. O. 330 M. O. 1.

Signed this 9th day	of <u>December, 2020</u>	_ 20 <u></u>
Signature of Authorized I		
Olgitata 10 o. t. a.	71/	/ _
Signature of Authorized Re Printed Name: Alberto de Car	presentative:	_ Title: AR
1		a 1 1 5 in d signatura(s)
Signature(s) on behalf of O	ther Business Entity: [3	See below for required signature(s)]
Signature:		
Signature:		Title: Assistant Secretary
Printed Namé: Alberto de Car	denas	_ 11110.
~.		
Signature:		Title:
Printed Name:		
C' Atomor		
Signature:		_Title:
Printed Name.		_
Signature:		
Drintad Name		
Fillited Name		
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		_Title:
If Florida Corporation:	· ·	NG oor
Signature of Chairman, Vice	Chairman, Director, or C	ornorator must sign
If Directors or Officers have	not been selected, an inc	orporator must sign.
	-Li I imited I jobilif	v Partnership:
If Florida General Partner	Ship of Littlified Liabilit	y A Marie Control of the Control of
Signature of one General Par		
If Florida Limited Partner	chin or Limited Liabilit	y Limite <u>d Partnership:</u>
Signatures of ALL General 1	Partners	
Signatures of ADD General I	dittiois.	
All others:		
Signature of an authorized po	erson.	
Signature of all authorized p		•
Fees:		
1 000.		
Articles of Conversi	ion:	\$25.00
	icles of Organization:	\$125.00
Certified Copy:	ų.	\$30.00 (Optional)
Certificate of Status		\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - I The name of the	Name: e Limited Liability Company	y is:	
Condotte Americ	a, LLC	ability Company, "L.L.C.," or "LLC.")	
	(Must contain the words Limited Li	ability Company, E.E.C., C. 200.	
ARTICLE II - The mailing add	Address: dress and street address of the	e principal office of the Limit	ted Liability Company is:
Principal Offic	e Address:	Mailing Address:	
10790 N.W. 12 7 7	TH ST	10790 N.W. 127th ST	
Mediey FL 33178		Medley FL 33178	
(The Limited Liabilit business entity with	y Company cannot serve as its own F an active Florida registration.) The Florida street address of t Corporation Service Comp N 1201 Hays Street	ame .	n individual or another
	Florida street address (P.O. Box NOT acceptable)	1- in and
	Tallahassee	FL 32301	4
	City	Zip	
liability con registered age	mpany at the place designate int and agree to act in this cating to the proper and complobligations of my position as funds.	nd to accept service of processed in this certificate, I hereby a pacity. I further agree to compete performance of my duties, a registered agent as provided. Signature (REQUIRED)	iccept the appointment as ply with the provisions of all and I am familiar with and

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Andres Mendoza
MGR	10790 N.W. 127th Street
	Medley FL 33178
	modily) 1 2 of the
	
	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Other provisions, if any.	·
	Α
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware to
LE V: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of	r an authorized representative of a member se with section 605.0203 (1) (b), Florida Statutes. I am aware to ument to the Department of State constitutes a third degree fellowers.
Signature of a member of any false information submitted in a doct as provided for in s.817.155, F.S. Alberto de Cardenas, Authorized Research	epresentative
Signature of a member of any false information submitted in a doct as provided for in s.817.155, F.S. Alberto de Cardenas, Authorized Research	ument to the Department of State constitutes a third degree fel

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

ARTICLE IV-