02/000001397

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
DICK-Na	MAIT	MAIL
(Br	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	

Office Use Only

J. FASON JAN 05 2021



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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: 1/4/2021

NAME: THE WORLD CHANGERS LLC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Obhie Hodge

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

THE WORLD	CHANGERS LLC	
	(Enter Name of Other Business Entity)	
	er Business Entity" is a	
	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trus	st, etc.)
First organize	ed, formed or incorporated under the laws of New York (Enter state, or if a non-U.S. entity, the name of the country))
12/30/2019 on	5	
	ganization, formation or incorporation)	
3. The name	of the Florida Limited Liability Company as set forth in the attached Articles of Organizat	tion:
THE WORLD	CHANGERS LLC	
1 10 . 00	(Enter Name of Florida Limited Liability Company)	
(The effectiv the date this Note: If the dat	(Enter Name of Florida Limited Liability Company) cetive on the date of filing, enter the effective date: re date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days a document is filed by the Florida Department of State.) te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as active date on the Department of State's records.	
(The effective the date this Note: If the date document's effective to the term of the ter	ctive on the date of filing, enter the effective date: re date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days a document is filed by the Florida Department of State.) te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	

Signed this 30	th day of December	20
Signature of A	Authorized Representative of Lin	nited Liability Company:
Signature of A	uthorized Representative: _/s/ F	radel Barber
Printed Name:	Fradel Barber	Title: Sole Member
_		
Signature(s) o	n behalf of Other Business Entity:	[See below for required signature(s)]
/s	:/ Fradel Barber	
Signature:	Fradal Barbar	Title: Sole Member
Printed Name:	rader barber	Title: Sole Member
Signature:		
Printed Name:_		Title:
Signature:		Title:
Printed Name:_		Title:
Signature:		
Printed Name:	<u> </u>	Title:
Signature:		
Printed Name:_		Title:
Printed Name:		Title:
Timed (vame		Trac.
If Florida Cor	poration:	
Signature of Ch	nairman, Vice Chairman, Director, o	r Officer.
If Directors or 6	Officers have not been selected, an I	ncorporator must sign.
KEL II G	10	Ya Da a Li
	eral Partnership or Limited Liabi e General Partner.	hty Partnership:
Signature of on	e General Farther.	
If Florida Lim	ited Partnership or Limited Liabil	lity Limited Partnership:
	LL General Partners.	
All others:		
Signature of an	authorized person.	
Fees:		
Articles	s of Conversion:	\$25.00
	r Florida Articles of Organization:	\$125.00
	ed Copy:	\$30.00 (Optional)
	eate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:
THE WORLD CHANGERS LLC	
(Must contain the words "Limit	ted Liability Company, "L.L.C.," or "LEC.")
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
800 SE 4th Ave	800 SE 4th Ave
Suite 812B	Suite 812B
Hallandale Beach, FL 33009	Hallandale Beach, FL 33009

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Fradel Barber	
Nan	ne
800 SE 4th Ave, Suite 812B	
Florida street address (P.O	D. Box <u>NOT</u> acceptable)
Hallandale Beach	FL ³³⁰⁰⁹
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/	Fradel	Barber	
Re	gistered A	Agent's Signature (REQUIRED)	-

(CONTINUED)

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	5 115 1
AMBR	Fradel Barber
	800 SE 4th Ave, Suite 812B
	Hallandale Beach, FL 33009
	
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·	
(Use attachment if necessary)	
LE V: Other provisions, if any.	• • • • • • • • • • • • • • • • • • • •
The v. Other provisions, it anv.	
REQUIRED SIGNATURE:	
/s/ Fradel Barber	
Signature of a member or	an authorized representative of a member
This document is executed in accordance	with section 605.0203 (1) (b), Florida Statutes. I am aware
any false information submitted in a docu- as provided for in s.817.155, F.S.	ment to the Department of State constitutes a third degree f
as provided for itt 5.617.135, 1.5.	
Fradel Barber	
Ту	ped or printed name of signee
	Ciling Food

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)