L2-1000460396

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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01/27/23--01012--005 ++25.00



COVER LETTER

TO: Registration Division of C			
SUBJECT: YOUR M	IAGIC MOMENT LLC		
		Limited Liability Compan	у
		ee(s) are submitted to or r Business Entity" in a	
Please return all com	respondence concernin	g this matter to:	
Elina Linderman			
	Contact Person		
	Firm/Company		
2380 Drew St Ste 2			
	Address		
Clearwater, FL 33765			
(City, State and Zip Code		
magicmoment.nd@gma			
E-mail address: (to	be used for future annual	report notification)	
For further informat	ion concerning this ma	atter, please call:	
ANASTASIIA SKRYPCHEN		at (619 <u>714</u>) Area Code and Day	-9440
Name of Contact P	erson	Area Code and Day	rtime Telephone Number
Enclosed is a check	for the following amou	ant:	
■ \$25.00 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 Division of Corporations		Street Addre Registration Division of C	Section Corporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E106 (05/17)



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2023

ELINA LINDERMAN 2380 DREW STREET STE 2 CLEARWATER, FL 33765

SUBJECT: YOUR MAGIC MOMENT LLC

Ref. Number: L21000460396

We have received your document for YOUR MAGIC MOMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 823A000007248

Neysa Culligan Regulatory Specialist III

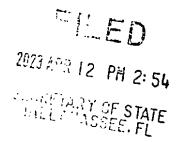
www.sunbiz.org

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 Business Entity" is:
YOUR MAGIC MOMENT LLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
YOUR MAGIC MOMENT LLC
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a LLC (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)
organized, formed or incorporated under the laws of <u>CA</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: 01/23/2023 (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:	3741 PEACOCK COURT APT 5				
		SANTA CLARA, CA 95051				
Mailin	g Address:	3741 PEACOCK COURT APT 5				
		SANTA CLARA, CA 95051				
app		Other Business Entity" has agreed to pay any member amount to which such members are entitled under ss. 1072, F.S.		j		
Signed	this 23	day of January,	20_23			
Signati	ure:	Must be signed by a Member or Authorized Representative				
Printed	l Name: ANAS	TASHA SKRYPCHENTitle: AMBR	· 			
Fees:	Filing Fee: Certified Copy Certificate of S	, <u> </u>		2023		

Page 2 of 2