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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	1000
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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COVER LETTER

TO:	New Filing S Division of C					
SUR	IFCT: SANDRA	A WALTERS CONSULT	ANTS	S. LLC		
3000	,LC1	(Name of Re	ulting	Florida Lim	ited Cor	npany)
				_		id fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Pleas	e return all corr	espondence concernin	g this	s matter to:		
SAND	RA WALTERS					
-	·	(Contact Person)			_	
SAND	RA WALTERS (CONSULTANTS, LLC				
*		(Firm/Company)			_	
1745	JEFFERSON AV	'ENUE				
•		(Address)				
FT. M	YERS, FL 3390)1				
	(1	City, State and Zip Code)			_	
SAND	Y@SWCINC.NE	ĒΤ				
E-1	nail Address: (to b	pe used for future annual re	port n	otifications)		
For fi	irther informati	on concerning this ma	tter, į	please call:		
SAND	RA WALTERS		at (305	924-0	0195
	(Name of Conta	act Person)) (Day	time Telephone Number)
		for the following amou a bank located in the			orocess	sed by this office must be payable in US
(\$25 fc & \$12:	i0.00 Filing Fees or Conversion 5 for Articles anization)	□S155.00 Filing Fees and Certificate of Status		180.00 Filing Certified Co		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	Mailing Add New Filing S Division of C P.O. Box 632 Tallahassee, I	ection 'orporations '7			New Divis	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: SANDRA WALTERS CONSULTANTS, INC.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
1-04-2000
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SANDRA WALTERS CONSULTANTS, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) 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.
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.

Signed th	his <u>7th</u>	day of DECEMBER	2021
		rized Representative of Lim	-
Signature	e of Authori	zed Representative:	die Wellie
Printed N	iame: SANDE	KA WALTERS	Title: MANAGING MEMBER
Signatur	e(s) on beha	olf of Other Business Entity:	[See below for required signature(s)]
Signature		Les tolettes	Title: PRESIDENT
Printed N	lame: SANDE	A WALTERS	Title: PRESIDENT
Ciamatura	.,		
Printed N	lame:	·	Title:
Signature	i Iama:		Title:
rinica is	vaine		Title.
Signature	:		
Printed N	lame:		Title:
Signature):		
Printed N	lame:		Title:
Signature	:		
Printed N	lame:		Title:
If Florid:	a Corporati	on:	
Signature	of Chairma	n, Vice Chairman, Director, or	
If Directo	ors or Office	rs have not been selected, an In	ncorporator must sign.
If Florida	a General P	artnership or Limited Liabil	ity Partnership:
Signature	of one Gen	eral Partner.	
		artnership or Limited Liabil eneral Partners.	ity Limited Partnership:
All other Signature		rized person.	
Fees:			
A	articles of Co	onversion:	\$25.00
	_	da Articles of Organization:	\$125.00
	Certified Cop	•	\$30.00 (Optional)
C	Certificate of	Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	ame: Limited Liability Compar	ny is:	
SANDRA WALTER	RS CONSULTANTS, LLC		
(8	fust contain the words "Limited l	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre		the principal office of the Limit	ed Liability Company is:
Principal Office	Address:	Mailing Address:	
5570 3rd AVENUE	, SUITE C201	5570 3rd AVENUE, SUITE	E C201
KEY WEST, FL		KEY WEST, FL	
33040		33040	
-	SANDRA WALTERS 5570 3rd AVENUE, SUI		
	Florida street address	(P.O. Box NOT acceptable)	
	KEY WEST	FL 33040	
	City	Zip	
liability com registered agen statutes relatii	pany at the place designal t and agree to act in this on the proper and complete bligations of my position. Registered Agent's	and to accept service of process ted in this certificate, I hereby accepacity. I further agree to compolete performance of my duties, as registered agent as provided for the service of t	ccept the appointment as ply with the provisions of al and I am familiar with and
	(CO)	STINUED)	2-

ARTICLE IV-

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

Title:	Name and Address:					
"AMBR" = Authorized Member						
"MGR" = Manager						
MGR	SANDRA WALTERS 5570 3rd AVENUE, SUITE C201 KEY WEST, FL 33040					
(Use attachment if necessary)						
CLE V: Other provisions, if any.						
REQUIRED SIGNATURE:	_					
and so Well se						
This document is executed in accordance	an authorized representative of a member e with section 605.0203 (1) (b), Florida Statutes. I am aware that ament to the Department of State constitutes a third degree felon					
SANDRA WALTERS						

Typed or printed name of signee

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)