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(Re	questor's Name)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_

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COVER LETTER

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SUBJECT	r <u>:</u>	z'ass/Ŧ	Screening 1	LC.		
			e of Resulting Florida Li	mited Com	npany)	_
					d fees are submitted to cordance with s. 605.1	
Please retu	ırn all corre	espondence con	cerning this matter to) ;		
7	oilut	EZOU Am (Contact Person	oedo			
		(Contact Person (Firm/Company				
322		Firm/Company) T Groce				
		(Address)	•			
	iawba	The State and Zip	Code)			
F-mail A	Creenin Address: (to b	ginc@an	nnual report notifications			
For furthe	r informatio	on concerning t	his matter, please ca	ı l :		
	(QSQ)	Amoedo et Person)	at ((Arca Co	/_ /_ 	b-8900 rtime Telephone Number)	_
			g amount: (All check in the United States)		sed by this office must	be payable in US
\$150.00 (\$25 for Cor & \$125 for of Organiza	nversion Articles	S155.00 Filing and Certificate of Status	5		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Ne Di P.0	ailing Addrew Filing Sovision of C D. Box 632 Ilahassee, I	ection orporations 7		New I Divisi The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suit	2027 FED 22 FFE 22 e 810

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:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation Inc. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.
First organized, formed or incorporated under the laws of
on 3/16/2016 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: 3/6/2016 (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.
2022 FEB 22 AU

Signed this day	of February	20 <u></u>
Signature of Authorized	Representative of Lim	ited Liability Company:
	$\delta \lambda$	/
Signature of Authorized F Printed Name: UrLio	epresentative:	70 - 4: V
Printed Name: UULIO	C AMORDO U	Title: \(\(\) \
Signature(s) on behalf of	Other Business Entity:	[See below for required signature(s)]
Signature:		
Printed Name: Julio	AMORDO	Title: 710cident
Signature:	_ 	Was been been been been been been been bee
Printed Name:	10 AMORDO	
Signature:		
Printed Name:		Title:
		•
Signature:		
Printed Name:		Title:
Signature:		
Printed Name:		Title:
Signature:	··· · · · ·	Title:
Printed Namer		Title:
If Florida Corporation:		
Signature of Chairman, Vi		Officer.
If Directors or Officers have		
ICEL C. C. C. D. A.		The December of the Control of the C
If Florida General Partne Signature of one General F		ity Partnersnip:
Signature of one General r	artici.	
If Florida Limited Partne	rship or Limited Liabil	ity Limited Partnership:
Signatures of ALL Genera	l Partners.	
A II a Albarra		
All others: Signature of an authorized	person.	
5	1	
Fees:		
Articles of Conve	oion:	\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nat	ne:	e.				
The name of the L	imited Liability Company i	ā.				
 T\.	aco's screening	۱۱ C.,				
	ust contain the words "Limited Liab	ility Company, "	L.L.C.," or "LLC.")	 		
			,			
ARTICLE II - Ac The mailing addre	ddress: ss and street address of the	principal of	fice of the Limited	Liability Co	mpan	y is:
Principal Office	Address:	Mailing	Address:			
	t Grace Street Flocks	10W	2002 GAR 2008 17, A	e stroct	7	
The Limited Liability (Registered Agent, Register Company cannot serve as its own Re active Florida registration.)	red Office, egistered Agent.	& Registered Ager You must designate an in	it's Signatu dividual or anot	re: her	
The name and the	Florida street address of th	ne registered	agent are:			
	Ilio Ceza	c Amoe	do			
		ame				
	3223 WOST (Scare V	rroat			
	Florida street address (I	P.O. Box N (OT acceptable)			
	Ta					
	<u> </u>	<u> </u>	25/00+ Zip			
	City		•			
liability con registered ager	amed as registered agent ar apany at the place designate at and agree to act in this ca ing to the proper and compl abligations of my position as	ed in this cert pacity. I fur ete performa	aficate, I nereby acc ther agree to compl nce of my duties, an	ept the appo v with the pr ed I am famil	ovisio ovisio liar wi	ns of all th and
	6 /				~ >	
	Registered Agent's	Signature (F	REQUIRED)		9022 FEB	
		TERMINE IN		•	22	
	(CON	TINUED)			<u> </u>	% -1
				• •	• •	

ARTICLE IV	Ā	RT	IC	LE	11	/-
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager NGR	Julio Cega, Amordo Jr. 3003 West Grace Street Tompa, Fl 33007
Mar	Julio Cesar Amosso 3003 West Grace Street
· · · · · · · · · · · · · · · · · · ·	Tampa 172 33607
(Use attachment if necessary)	
RTICLE V: Other provisions, if any.	2022 FED 22
REQUIRED SIGNATURE:	10 35
This document is executed in accordance any false information submitted in a docu	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the Department of State constitutes a third degree felony
Ty	/ped or printed name of signee Filing Fees Designation of Registered Age

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)