

L22000222154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

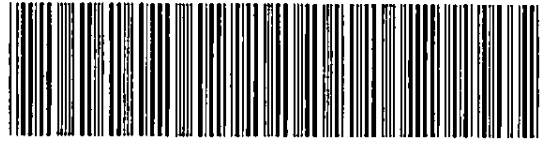
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2024 NOV 22 AM 9:12

TALLAHASSEE, FLORIDA

RECEIVED

2024 NOV 22 AM 11:30

TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2024

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: UTOPIA DRIVE LLC
Ref. Number: L22000222154

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

List the street/mailling address in #6.

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

Neysa Culligan
Regulatory Specialist III

Letter Number: 224A00025736

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2024 DEC -3 PM 3:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILE 1ST

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

ACCOUNT NO. : I20000000195

REFERENCE : 760797-8144247

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 12, 2024

ORDER TIME : 1:55 PM

ORDER NO. : 760797-015

CUSTOMER NO: 8144247

DOMESTIC AMENDMENT FILING

NAME: UTOPIA DRIVE LLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER'S INITIALS: _____

Articles of Conversion
For
Florida Limited Liability Company
Into
"Converted or Other Business Entity"

FILED
2024 NOV 22 AM 9:12
TALLAHASSEE, FLORIDA

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:

Utopia Drive LLC

Enter Name of Florida Limited Liability Company

2. The name of the "Converted or Other Business Entity" is:

Utopia Drive LLC

Enter Name of "Converted or Other Business Entity"

3. The "Converted or Other Business Entity" is a limited liability company
(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 Delaware
(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: _____
(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.

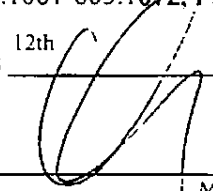
6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":

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: 5150 Tamiami Trail North Suite 304
Naples, FL 34103
Mailing Address: 5150 Tamiami Trail North Suite 304
Naples, FL 34103

7. 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 this 12th day of November, 2024

Signature: 
Must be signed by a Member or Authorized Representative

Printed Name: Leo J. Salvatori Title: Authorized Representative

Fees: Filing Fee: \$25.00
Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

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2024 NOV 22 AM 9:13
TALLAHASSEE, FLORIDA