LAA000358680

(Re	questor's Name)	
7 1		
(Adi	dress)	
(Ad	dress)	<u>-</u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
	curnent Number)	
(50		
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



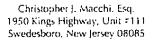
600392166136

08/08/22--01845--008 **125.00









Office: (609) 800-4242 Fax: (609) 939-1142 chris@macchilawgroup.com

> Member of NJ Bar Member of PA Bar

August 2, 2022

Via First Class Mail and Email

New Filing Section
Attention: Karen Lovelace
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
karen.lovelace@dos.myflorida.com

Re: Articles of Conversion (from New Jersey LLC to Florida LLC)
SPA Amos, LLC

Dear Ms. Lovelace,

Enclosed are the Articles of Conversion and the Articles of Organization for SPA Amos, LLC. Also enclosed is a check in the amount of \$125.00 for the formation of SPA Amos, LLC.

Pursuant to your instructions, I recently dissolved SPA Amos, LLC under L22000199948. I have no intentions of reinstating L22000199948 and would like to release the name, "SPA Amos, LLC", to W22000088111.

Please convert SPA Amos, LLC from a New Jersey limited liability company to a Florida limited liability company at your earliest convenience and please send me confirmation of the same.

Should you have any questions or concerns related to the forgoing request, please feel free to contact me directly.

Sincerely,

Christopher J. Macchi, Esq. Christopher J. Macchi, Esq.

Enclosures: Articles of Conversion and Articles of Organization - SPA Amos, LLC

Check #143 (\$125.00)

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: SPA Amos, LLC		
(Name of Res	sulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Artic Business Entity" into a "Florida Limited Li	les of Organization	on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	g this matter to:	
Christopher J. Macchi, Esq.		
(Contact Person)		
Macchi Law Group, LLC		
(Firm/Company)		
1950 Kings Highway, Unit #111		
(Address)		
Swedesboro, NJ 08085		
(City, State and Zip Code)		•
chris@macchilawgroup.com		
E-mail Address: (to be used for future annual re	eport notifications)	•
For further information concerning this ma	itter, please call:	
Christopher J. Macchi, Esq.	at (609) 800-4242
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou dollars and drawn on a bank located in the		processed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing and Certified Cop	
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81075 Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization 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: SPA Amos, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited liability company (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
May 25, 2006
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
SPA Amos, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
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 this 1st day of August	_ 20 <u>_ 22</u>
Signature of Authorized Representative of Limi	ited Liability Company:
Christ	robor 1 Marchin Fea
Signature of Authorized Representative: Christo Printed Name: Christopher J. Macchi, Esq.	Tide: Attorney
Printed Name: Clinstopher J. Macchi, Esq.	Title. Attorney
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
christopher 1. Macchi, Esq.	
Signature: Christopher J. Macchi, Esq. Printed Name: Christopher J. Macchi, Esq.	Title: Attorney
Trinica Name: emotophic e. mass.ii, 204.	
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	Title
rrinted Name:	Title.
Signature:	
Signature:Printed Name:	Title:
Signature:Printed Name:	T. 1
Printed Name:	little:
Signature:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ity Partnershin:
Signature of one General Partner.	<u> </u>
5	
If Florida Limited Partnership or Limited Liabili	ity Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
organization and administration personn	
<u>Fees:</u>	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
SPA Amos, LLC (Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
720 Lyndhurst Street Unit #1122	720 Lyndhurst Street Unit #1122
Dunedin, FL 34698	Dunedin, FL 34698
business entity with an active Florida registration.) The name and the Florida street address Stephen P. Amisano	own Registered Agent. You must designate an individual or another of the registered agent are: Name
720 Lyndhurst Street,	, Unit #1122
	ess (P.O. Box <u>NOT</u> acceptable)
Dunedin	FL ³⁴⁶⁹⁸
City	Zip
liability company at the place design registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my position.	ant and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all omplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 605, F.S The Plant of Signature (REQUIRED)

(CONTINUED)

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	Charles D. Aminons
AMBR/MGR	Stephen P. Amisano
•	720 Lyndhurst Street, Unit #1122
	Dunedin, FL 34698
,	
•	
	-
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Other provisions, if any.	
CLE V: Other provisions, if any.	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	Eca
CLE V: Other provisions, if any.	Esq.
REQUIRED SIGNATURE: Christopher J. Macchi,	
REQUIRED SIGNATURE: Christopher J. Macchi, Signature of a member	or an authorized representative of a member
REQUIRED SIGNATURE: Christopher J. Macchi, Signature of a member This document is executed in accord-	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware
REQUIRED SIGNATURE: Christopher J. Macchi, Signature of a member This document is executed in accord-	or an authorized representative of a member
REQUIRED SIGNATURE: Christopher J. Macchi, Signature of a member This document is executed in accordany false information submitted in a cas provided for in s.817.155, F.S.	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware document to the Department of State constitutes a third degree for the control of the Department of State constitutes as the degree for the control of the Department of State constitutes as the degree for the Department of State constitutes as the degree for the Control of the Department of State constitutes as the Department of State c
REQUIRED SIGNATURE: Christopher J. Macchi, Signature of a member This document is executed in accordany false information submitted in a coord.	or an authorized representative of a member ance with section 605.0203 (1) (b), Florida Statutes. I am aware document to the Department of State constitutes a third degree for the control of the Department of State constitutes as the degree for the control of the Department of State constitutes as the degree for the Department of State constitutes as the degree for the Control of the Department of State constitutes as the Department of State c

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

