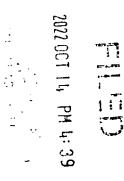
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(	Requestor's Name)	
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	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	<del></del>
(	business Entity Name)	
	Document Number)	
Certified Copies	_ Certificates of	Status
<del></del>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



800395779968





Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO	12000000195
ACCOUNT	110.	

REFERENCE : 027152 4359881

AUTHORIZATION

COST LIMIT : 7\$ 150.00

ORDER DATE : October 13, 2022

ORDER TIME : 8:53 AM

ORDER NO. : 027152-010

CUSTOMER NO: 4359881

\_\_\_\_\_\_

#### DOMESTIC AMENDMENT FILING

NAME: LOGANBERRY L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT/CONVERSION RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

### **COVER LETTER**

TO: New Filing S Division of C					
SUBJECT: Loganbe	erry L.L.C.				
50D0ECT.		sulting Florida	Limited Cor	npany)	
				d fees are submitted to coordance with s. 605.	
Please return all corr	espondence concernin	g this matter	to:		
Simone Lanier					
	(Contact Person)				
	(Firm/Company)				
200 South Wacker Dri	ve, Ste 2700				
	(Address)				
Chicago, IL 60606					
	City, State and Zip Code)				
slanier@pfs-law.com			<del></del>		
E-mail Address: (to b	e used for future annual re	port notification	ns)		
For further informati	on concerning this ma	tter. please c	all:		
Simone Lanier		_at ( 312	, 551-	3094	
(Name of Conta	act Person)	(Area (	Code) (Day	rtime Telephone Number)	
	or the following amou a bank located in the		•	sed by this office must	t be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155.00 Filing Fees and Certificate of Status	□\$180.00 F and Certified	_	☐\$185.00 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 The C 2415	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suinassee, FL 32303	2022 OCT 14 PH 4: 39

#### **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:

Loganberry L.L.C.
(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.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
1/4/1996 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Loganberry L.L.C.
(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 this 13 day of Octo	<u>ber</u> 20_22
Signature of Authorized Represen	ntative of Limited Liability Company:
Signature of Authorized Representation Printed Name: J. Mark Lozier	tive:Title: Manager
Signature(s) on behalf of Other Bus	sines Entity: [See below for required signature(s)]
Signature:	
Printed Name: J. Mark Lozier	Title: Manager
Signature:	·
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	Title:
Timed Name.	Inte
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairma If Directors or Officers have not been	
<mark>If Florida General Partnership or L</mark> Signature of one General Partner.	imited Liability Partnership:
If Florida Limited Partnership or L Signatures of <u>ALL</u> General Partners.	imited Liability Limited Partnership:
All others: Signature of an authorized person.	
Fees:	

Articles of Conversion: \$25.00 Fees for Florida Articles of Organization: \$125.00 Certified Copy: \$30.00 (6

Certified Copy: \$30.00 (Optional)
Certificate of Status: \$5.00 (Optional)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	Zordon Zim		
The name of the Limited Liability Company i	s:		
Loganberry L.L.C.			
(Must contain the words "Limited Liab	ility Company, "L.L.C	.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street address of the	principal office of	of the Limited	Liability Company is:
Principal Office Address:	Mailing Ad	dress:	
2178 Miramonte Way	2178 Miramo	nte Way	
Naples, FL 34105	Naples, FL 3	4105	
			<del></del>
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regions entity with an active Florida registration.)	gistered Agent. You m	ust designate an in	
The name and the Florida street address of the	e registered agen	t are:	
Corporation Service Compa	iny		
Nar	ne	<del></del>	
1201 Hays Street			
Florida street address (P.	O. Box NOT acc	ceptable)	
Tallahassee	FL <sup>32301</sup>		
City		Zip	
	_	<b>r</b>	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	in this certificate acity. I further ag e performance of	, I hereby according to the comply my duties, and	ept the appointment as with the provisions of all d I am familiar with and
Registered Agent's Si (CONTI		RED)	FILE PAZOCT 14 PA

#### 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	J. Mark Lozier
	2178 Miramonte Way
	Naples, FL 34105
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
2	
REQUIRED SIGNATURE:	
16	
- All	
//(``)	
Signature of a member or a	an authorized representative of a member
This document is executed in accordance	with section 605,0203 (1) (b). Florida Statutes, I am aware tha
any faise information submitted in a docum	nent to the Department of State constitutes a third degree felon
as provided for in s.817.155, F.S.	
J. Mark Lozier	
	ped or printed name of signee
- ) r	Filing Fees
	- ASSES, A UNI

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