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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	 ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
rtified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
ALLAHASSEE TERRETARY

FILED

COVER LETTER

TO: New Filing Section Division of Corporations			
C60 GROUP, LLC			
SUBJECT:		-1 <i>C</i>	
(Name of Ro	esulting Florida Limit	ed Company)	
The enclosed Articles of Conversion, Arti Business Entity" into a "Florida Limited I	_		
Please return all correspondence concerning	ng this matter to:		
CLAUDIA YI LEON			
(Contact Person) C60 GROUP, LLC		-	
(Firm/Company) 133 NE 2ND AVE #3108		-	
(Address) MIAMI FL 33132	·	•	
(City, State and Zip Code) totalclaudia@gmail.com			£.5 2
E-mail Address: (to be used for future annual r	report notifications)	-	FILEU 22 DEC 39 PH SECREVARY OF FALLAHASSEE
For further information concerning this m	atter, please call:		C3 -
CLAUDIA YI LEON	213 at (595-0695)	SSEE BY D
(Name of Contact Person)		(Daytime Telephone Numbe	
Enclosed is a check for the following amodollars and drawn on a bank located in the	•	processed by this office mu	
■ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) □\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		s.
Mailing Address: New Filing Section Division of Corporations P.O. Box 6327		Street Address: New Filing Section Division of Corporations The Centre of Tallahassee	,

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: C60 GROUP, LLC
(Enter Name of Other Business Entity)
LIMITED LIABILITY COMPANY
2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) CALIFORNIA
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
11/25/2009
on
on
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: C60 GROUP, LLC
(Enter Name of Florida Limited Liability Company)
01/01/2023
4. If not effective on the date of filing, enter the effective date:
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 mays after the date this decomment 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 factor 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.

\$5,00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability Comp	pany is:	
C60 GROUP, LLC			
C	Must contain the words "Limite	ed Liability Company, "L.L.C.," or "LLC.	<u>")</u>
ARTICLE II - A	Address:		
The mailing addr	ess and street address of	of the principal office of the Lin	nited Liability Company is:
Principal Office	Address:	Mailing Address:	
133 NE 2ND AVE		133 NE 2ND AVE	
#3108		#3108	
MIAMI, FL 33132		MIAMI, FL 33132	
	CLAUDIA YI LEON	Numa	_
		Name	
	133 NE 2ND AVE #31	08	_
	Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	
	MIAMI	33132 FL	
	City	Zip	722 D SECF
liability con registered ager statutes relati	ipany at the place designt and agree to act in thing to the proper and conditions of my position.	nt and to accept service of proce nated in this certificate. I hereby is capacity. I further agree to co mplete performance of my dutie, m as registered agent as provido	r accept the Coppointment as mply with the provisions of Th s, and I am familiar With arti
	Registered Agen	nt's Signature (REQUIRED)	

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	01.41.014.371.503
MGR	CLAUDIA YI LEON
	133 NE 2ND AVE #3108
	MIAMI, FL 33132
(Use attachment if necessary) CLE V: Other provisions, if any.	Po N
	ALL SEC
•	AR E
REQUIRED SIGNATURE:	assee, of s
This document is executed in accord	or an authorized representative of a member all ance with section 605.0203 (1) (b). Florida Statutes, I am aware that document to the Department of State constitutes a third degree felony
CLAUDIA YI LEON	
	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)