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## -COVER LETTER

<b>TO:</b> New Filing S Division of C			
	DIAMOND L (Name of Res	HOLDINGS	LLC
	(Name of Res	sulting Florida Limite	d Company)
	The state of the s	•	on, and fees are submitted to convert an "Other" in accordance with s, 605,1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
CHRIS	(Contact Person)  OND D HOLDINGS  (Firm/Company)	CKET	
N. A.	(Contact Person)		
DAM	(Firm/Company)	, LLC	
	(Address)		
NEW	8 BRIDGET ST (Address) SMYRNA BEAC City, State and Zip Code)	H ,FL 321	168
(	City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	•
christ	ecket @ hotma	il. com	
	e used for future annual re		
	on concerning this ma		
CHRISTOPHE	RH. REEVET	or ( 22.1 )	(Daytime Telephone Number)
(Name of Conta	ict Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check		int: (All checks pr	ocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	S155,00 Filing Fees and Certificate of Status	□S180.00 Filing I and Certified Copy	S185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add		_	Street Address:
New Filing S			New Filing Section
Division of C P.O. Box 632	-		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 <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:

DIAMOND D HOLDINGS, LLC.

(Enter N	ame of Other Business Entity)
2. The "Other Business Entity" is a	LIMITED LIABILITY COMPANY orporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated $I = I$	under the laws of SOUTH DAKOTA (Enter state, or if a non-U.S. entity, the name of the country)
on 12/13/2016 (date of organization, formation or incorpo	ration)
	ability Company as set forth in the attached Articles of Organization:  PLDINGS: LLC  Ilorida Limited Liability Company)
(Enter Name of F 4. If not effective on the date of filing, (The effective date: Cannot be prior	enter the effective date: 1/1/2023.  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.) t meet the applicable statutory filing requirements, this date will not be listed as the
5. The plan of conversion has been app	roved in accordance with all applicable statutes.
6. The "Converted or Other Business En	tity" 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 5th day of JANUARY	
Signature of Authorized Representative of Lim	itedil iahilty Company
Signature of Authorized Representative:  Printed Name: CHRISTOPHER H. BECKET	Title: PRES ORLANIZER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: Warna Becket	
Printed Name: DEANNA D RECKET	Title: SGC-TNCAS ORGANIZER
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In	
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabili Signatures of ALL. General Partners.	ty Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is	s:			
Must contain the words "Limited Liabi	DINES, LL	<		
(Must contain the words "Limited Liabi	lity Company, "L.	.L.C" or "LLC."	1	
ARTICLE II - Address: The mailing address and street address of the particle o	principal offic	ce of the Limi	ted Liability C	Company is:
Principal Office Address:	Mailing A	<u>Address:</u>		
DIAMOND D HOLDINGS LLC 418 BRIDGET ST NEW SMYRNABEACH, FL 32168		SIAMUND D 418 BRIDG NEW SMYRA	HOLDINGS	LCC L 32168
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	ed Office, &	Registered A	gent's Signat	ure:
The name and the Florida street address of the HRISTOPHER Name	-			
Florida street address (P.	SET ST			
NEW SMYRNA BE				
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certific acity. I further performance	ate, I hereby a agree to con of my duties,	tecept the appo ply with the pr and I am famil	ointment as covisions of a liar with and
Registered Agent's Sig	gnature (REQ	UIRED)		2023 JAH - 9 F
			••	17

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-	1.				,,,-

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	CHRISTOPHER H. BECKET 418 BRIDGET ST NEW SMYLNA BEACA, FL 3
10101	AIR RRINGET ST
	NEW SMYLNA BEACA FL 3
	•
MGR_	DEANNA D. BECKET
	DEANNA D. BECKET 418 BRIDGET ST NEW SMYRNA BEACO, FL 32
	NEW SMYRNA BEACO, FL 32
	<u> </u>
(Use attachment if necessary)	
(Use attachment if necessary)	
REQUIRED SIGNATURE  Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a do	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S.	e with section 605,0203 (1) (b). Florida Statutes. I am aware ament to the Department of State constitutes a third degree for
REQUIRED SIGNATURE:  Signature of a member of This document is executed in accordance any false information submitted in a document of the submitted in a d	an authorized representative of a member e with section 605.0203 (1) (b). Florida Statutes. I am aware