# 123000058186

(F	Requestor's Name)	
(F	Address)	
	Address)	
(0	City/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
(E	Business Entity Nam	e)
([	Document Number)	
Certified Copies	Certificates	of Status
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SECRETARY CF STATE
TALLAHASSEE STATE

### Articles of Conversion ~

11.5

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 followin "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Fl Statutes.

	The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion estern Ryders 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 trus
	rst organized, formed or incorporated under the laws of
on	01/31/2019  (date of organization, formation or incorporation)
3.	The name of the Florida Limited Liability Company as set forth in the attached Articles of Organizati
We	estern Ryders LLC
_	(Enter Name of Florida Limited Liability Company)
(T the <u>No</u>	If not effective on the date of filing, enter the effective date:  he effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days at the date this document is filed by the Florida Department of State.)  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tument'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

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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TALLAHASSES TATE

Signed this 18	th day of January	20 <u>23</u>	
Signature of .	Authorized Representative of Li	nited Liability Company:	
o	Authorized Representative:	1	
Signature of A	Humberto Valladares	Title: Member	
Printed Name:	Homberto Valladares	Title: Member	
Signature(s) o	on behalf of Other Business Entity	[See below for required sign	ature(s)]
	-Follows		
Signature:	Humberto Valladares	Title: Member	<del></del>
Printed Name:	numberto valiadares	Title. Member	
Signature:			<del></del>
Printed Name:		Title:	
Signature:		******	
Printed Name:		Hue:	
Sionature:			
Printed Name:		Title:	
Timed Trainer,			
Signature:			
Printed Name:		Title:	
a			
Signature:		Title:	
rinted Name.			
f Florida Cor	poration:		
Signature of C	hairman, Vice Chairman, Director, c		
f Directors or	Officers have not been selected, an	Incorporator must sign.	
ratura e la ara	I Down on Lineau Finniand Link	ilitar Doutnouchine	
I Florida Ger	i <mark>eral Partnership or Limited Liab</mark> ne General Partner.	mity Partnersing.	
Signature of of	le General Farmer.		
lf Florida Lim	nited Partnership or Limited Liab	ility Limited Partnership:	
	ALL General Partners.		
_			
All others:			
Signature of ar	authorized person.		
<u> Pees:</u>			
Article	s of Conversion:	\$25.00	
	or Florida Articles of Organization:		
	ed Copy:	\$30.00 (Optional)	7
	ea Copy. cate of Status:	\$5.00 (Optional)	
Centill	cate of Status.	SS.VO (Optionar)	1-5

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TALLAHASSEE, FATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ARTICLE I - Name:

The name of the Limited Liability Company	y is:		
Western Ryders LLC			
(Must contain the words "Limited Li	iability Company, "L	.L.C" or "LLC.")	<del>-</del>
ARTICLE II - Address: The mailing address and street address of the	ne principal offic	ce of the Limite	ed Liability Company
Principal Office Address:	Mailing A	Address:	
7901 4th St N STE 300	7901 4th S	t N STE 300	
St. Petersburg FL 33702	St. Petersburg F	L 33702	
7901 4th St N STE 300, St. Petersburg, FL 33702	7901 4th St N STE 300, St. Petersburg, FL 33702		
The name and the Florida street address of t  Northwest Registered Agent	LLC	ecin arc.	
N	lame		
7901 4th St N STE 300		<del></del>	
Florida street address (	P.O. Box <u>NOT</u>	acceptable)	
St. Petersburg	FI, FL		
City		Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and completaccept the obligations of my position as	ed in this certific upacity. I further lete performance	ate, I hereby acc agree to compl of my duties, ar	cept the appointment as ly with the provisions of nd I am familiar with anc
Registered Agent's S	Signature (REQ	UIRED)	
(CONT	ΓINUED)		2023 JJ SECRE TALL

<u>l'itle:</u>	Name and Address:	
AMBR" = Authorized Member		
'MGR" = Manager	Humberto Valladares	
AMBR	6425 RED PINE LN D	
	West Palm Beach FL 33415	
Use attachment if necessary)		
LE V: Other provisions, if any.		
	SE ORE TALL	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nat Smith

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)