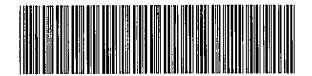
| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| |
| (Address) |
| (0), (0), (7), (9) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (u. z |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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| Division of C | | | | |
|----------------------------------------|---------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|--|
| SUBJECT: New Mi | key Asset Managem | nent, LLC | | |
| | | Limited Liability Compan | y | |
| | | ee(s) are submitted to c r Business Entity" in a | | |
| Please return all corr | espondence concernin | g this matter to: | | |
| Archana Maini | | | | |
| | Contact Person | | | |
| | Firm/Company | | | |
| 5324 SW. 34th Wa | у | | | |
| | Address | | | |
| Fort Lauderdale, F | L 33312 | | | |
| (| City, State and Zip Code | | | |
| maina13@aol.com E-mail address: (to | l be used for future annual r | eport notification) | | |
| For further informati | on concerning this ma | tter, please call: | | |
| Tuisdie McMillan | | at (800) 375 | 5-2453 | |
| Name of Contact Po | erson | | rtime Telephone Number | |
| Enclosed is a check f | for the following amou | ınt: | | |
| X \$25.00 Filing Fee | S30.00 Filing Fee and Certificate of Status | ☐\$55.00 Filing Fee and Certified Copy | ☐ \$60.00 Filing Fee, Certified Copy, and Certificate of Status | |
| Mailing Address: | | Street Address: | | |
| Registration Section | | Registration Section | | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | |
| | | Tallahassee, FL 32303 | | |

Articles of Conversion

For

Florida Limited Liability Company

Into

"Converted or Other Business Entity"

The Articles of Conversion is submitted to convert the following Florida Limited Liability Company into an "Other Business Entity" in accordance with s. 605.1045, Florida Statutes.

| 1. The name of the Florida Limited Liability Company converting into the "Other Business Entity" is: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mikey Asset Management, LLC L23000 204119 |
| Enter Name of Florida Limited Liability Company |
| 2. The name of the "Converted or Other Business Entity" is: |
| New Mikey Asset Management, LLC |
| Enter Name of "Converted or Other Business Entity" |
| 3. The "Converted or Other Business Entity" is a Foriegn LLC (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) |
| organized, formed or incorporated under the laws of Alaska |
| (Enter state, or if a non-U.S. entity, the name of the country). The formation document is attached (if applicable). |
| 4. The plan of conversion was approved by the converting Florida Limited Liability Company in accordance with Chapter 605, F.S. |
| 5. This conversion shall be effective in Florida on: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State: AND 2) must be the same as the effective date of the conversion under the laws governing the "Other Business Entity.") |
| 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. |

Page 1 of 2

- 6. If the "Converted or Other Business Entity" is an out-of-state entity not registered to transact business in Florida, the "Converted or Other Business Entity":
 - a.) Lists the following street and mailing address of an office the Florida Department of State may send and process served on the department pursuant to 605.0117 and Chapter 48.

| Street Address: 5324 SW. 34th Way, Fort Lauderdale, FL 33312 | | | | | | |
|--------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------|----------------|--|--|--|
| | | | | | | |
| Mailing Address: | ailing Address: 5324 SW. 34th Way, Fort Lauderdale, FL 33312 | | | | | |
| _ | | - | | | | |
| | or Other Business Entity" has be amount to which such med 5.1072, F.S. | | | | | |
| Signed this 27th | day of April | | , 20 <u>23</u> | | | |
| Signature: &hulh_ | | per or Authorized Representati | ve | | | |
| Printed Name: Arch | nana MainiTitl | e: Member | | | | |
| Fees: Filing Fee: Certified Cop Certificate of | | | | | | |

Page 2 of 2