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

Office Use Only



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RECEIVED

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 Please use funds from account: 120210000160= 155.00 Authorization Signature: AMD INTERNATIONAL DISPOSAL LLC DOC# Business ____ Certified Copy X Certificate of Status **AMENDMENTS NEW FILINGS** ___Amendment Profit Corp __ Resignation of R.A. or member Not for Profit __Officer/Director Dissolution Change of Registered Agent Limited Liability Revocation of Dissolution ___Domestication ___Merger Other X Conversion CORP Amended and restated Articles LLLP **Statement of Correction OTHER FILINGS** REGISTERATION/QUALIFICATIONS Trademark ____Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name Other **APOSTILLE COUNTRY**

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:____

(850) 524-5437 (850) 524-6243 Please use funds from account: I20210000160: 155.00 Authorization Signature: AMD INTERNATIONAL DISPOSAL LLC DOC# Business Certified Copy X Certificate of Status **AMENDMENTS** <u>NEW FILINGS</u> Amendment **Profit Corp** _ Resignation of R.A. or member Not for Profit Dissolution Officer/Director Change of Registered Agent Limited Liability _Revocation of Dissolution Domestication ___Merger Other X Conversion CORP Amended and restated Articles LLLP **Statement of Correction OTHER FILINGS** REGISTERATION/QUALIFICATIONS Trademark **Annual Report** Foreign filing Limited Partnership Reinstatement Fictitious Name **APOSTILLE** Other **COUNTRY**

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINIER'S INITIALS:

TALLAHASSEE, FL 32309

COVER LETTER

TO: New Filing Secti Division of Corp							
•	NATIONAL DISPOS	AL, LLC					
SUBJECT.	(Name of Res	ulting Florida Lim	ited Com	ipany)			
The enclosed Articles of Business Entity" into a "	Conversion, Articl Florida Limited Li	es of Organizat ability Compan	tion, and y" in ac	d fees are submitted t ecordance with s. 605	to convert 5,1045, F.S	an "C S.)ther
Please return all correspondent	ondence concerning	g this matter to:					
ANA BLANCO							
(1	Contact Person)		_				
AMD INTERNATIONAL D	ISPOSAL, LLC						
(Firm/Company)		_		N N	207		
11640 NW 36TH PLACE					CR AL	يز	
	(Address)	·	_			1023 JUN 23	eces.
SUNRISE, FL 33323					RY (ည	g '₹
(City	, State and Zip Code)		_			===	-
AMDINTERNATIONALDIS	SPOSAL@GMAIL.CO	M			- FE	PH 12: 40	ACE.
E-mail Address: (to be us	ed for future annual rej	port notifications)	_		, ci	Ö	
For further information	concerning this mat	ter, please call:					
ANA BLANCO		at (954	_) ³³⁰⁻⁸	3304			
(Name of Contact P	'erson)	(Area Code	c) (Day	3304 rtime Telephone Number)			
(\$25 for Conversion ar		nt: (All checks	process g Fees		st be paya	ble in	US
Mailing Address New Filing Section Division of Corporation P.O. Box 6327 Tallahassec, FL	ion porations		New I Divisi The C	t Address: Filing Section ion of Corporations Centre of Tallahassee N. Monroe Street, Su	uite 810		

Tallahassee, FL 32303

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.

I. The	name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
	(Enter Name of Other Business Entity)
2. The	"Other Business Entity" is a
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First o	rganized, formed or incorporated under the laws of [FLORIDA] (Enter state, or if a non-U.S. entity, the name of the country)
	NE 1, 2023
on(da	ce of organization, formation or incorporation)
3. The	name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
II DMA	NTERNATIONAL DISPOSAL, LLC
	(Enter Name of Florida Limited Liability Company)
(The ethe da	ot effective on the date of filing, enter the effective date: ffective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after te this document is filed by the Florida Department of State.) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt'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 whi	"Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to ch such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to ch such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 22nd day of JUNE	_20 <u>.23</u>					
Signature of Authorized Representative of Limit	3 <i>P</i>					
Signature of Authorized Representative:	Title: AUTHORIZED MEMBER					
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] Signature:						
Signature: WYWA / Printed Name: ANA BLANCO	Title: PRESIDENT					
Signature:Printed Name:	_ Title:					
Signature: Printed Name:	_ Title:					
Signature:Printed Name:	Title:					
Signature: Printed Name:	Title:					
Signature:Printed Name:	Title:					
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.						
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.						
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.						
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)					

