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	(Requestor's Name)
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PICK-UP	WAIT MAIL
<u>.</u>	/Disinger Fath, Name)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	
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COVER LETTER

Section Corporations			
С			
Name of Florida	Limited Liability Comp	pany	
respondence concernir	ng this matter to:		
Contact Person			
Firm/Company	· · · · · · · · · · · · · · · · · · ·		
Address			
32207			
City, State and Zip Code			
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	report notification)		
ion concerning this ma	ntter, please call:		
	at^{217} 4	14-3885	
Name of Contact Person		Daytime Telephone Number	
for the following amou	unt:		
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:		dress:	
Registration Section		Registration Section	
tions	Division of Corporations		
1.4	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
14			
	Name of Florida es of Conversion and fompany" into an "Other respondence concerning Contact Person Firm/Company Address 32207 City, State and Zip Code mobe used for future annual ion concerning this may Person for the following amore \$\square\$ \$30.00 Filing Fee and Certificate of Status	Name of Florida Limited Liability Company of Conversion and fee(s) are submitted tompany into an "Other Business Entity" in respondence concerning this matter to: Contact Person	

CR2E106 (05/17)



Corrected *USC Original File datex

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2024

CORPORATE ACCESS

SUBJECT: BIZI LLC

Ref. Number: W24000035474

We have received your document for BIZI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the street and mailing address in #6.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 924A00004668

SECRETARY OF STATE
TALLAHASSEE FLORIN

RECEIVED

Articles of Conversion For Florida Limited Liability Company Into "Converted or Other Business Entity"

FILED
2024 MAR - I AM 9: 38

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.

Business Entity" is:
BIZELLC
Enter Name of Florida Limited Liability Company
2. The name of the "Converted or Other Business Entity" is:
BIZHNC.
Enter Name of "Converted or Other Business Entity"
3. The "Converted or Other Business Entity" is a CORPORATION (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law obusiness trust, etc.)
organized, formed or incorporated under the laws of
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: 4) 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.")
<u>Note:</u> 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.

- 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: 1639 Lorimier Rd Jacksonville, FL 32207					
Mailing Address:	1639 Lorin	1639 Lorimier Rd Jacksonville, FL 32207			
	ne amount to v	ess Entity" has agreed to pay are which such members are entitled			
29 Signed this day		of	. 20 24		
Signature:kate 1	ned by: Fuginiti 30656420 : Niusi be	signed by a Member or Authorized Repre	esentative		
Printed Name: KAT	E FULGINITI	Title: MEMBER			
Fees: Filing Fee: Certified Cop Certificate of	oy: "Status:	\$25.00 \$30.00 (Optional) \$5.00 (Optional) Page 2 of 2	2024 MAR – I		
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