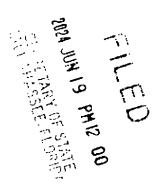
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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special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

Office Use Only



200430638312 John Versian



O RECEIVED

224 JULIO ELLES

A. RAMSEY
JUN 20. 2024

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

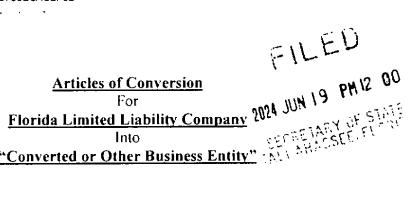
Please use funds from account: 120210000160: \$25.00 Authorization Signature:						
Business Name: Document # Certified Copy Certificate of State	·	ment Holdings LLC				
NEW FILINGS	&	<u>AMENDMENTS</u>				
Profit CorpNot for ProfitLimited LiabilityDomesticationLLLPCorpIncOther		AmendmentResignation / DissociationChange of Registered AgentRevocation of DissolutionMergerXArticles of ConversionAmended & Restated Articles of IncorporationStatement of Authority				
APOSTILLE(s)	&	OTHER FILINGS				
Apostille(s) Country(s)		Foreign FilingReinstatementQualificationFictitious NameAnnual Report				

COVER LETTER

TO:	Registration S Division of C			
SURJ	ECT: Fiore Apa	rtment Holdings LLC		
5000	LC 1	Name of Florida	Limited Liability Cor	npany
Limite		s of Conversion and fempany" into an "Other		
Please	e return all corre	espondence concernin	g this matter to:	
Audra	L.ynn			
		Contact Person		
Jacobs	Law, LLC			
		Firm/Company	·-	
11171	erimeter Center W	√est, Suite W501		
		Address		
Atlanta	a, GA 30338			
	C	ity, State and Zip Code		
	@ - i k - l			
	@gjacobslaw.com	be used for future annual r	conservatification)	
17.	-man address: (to	be used for rature aimitar i	cport normeation)	
For fu	ırther informati	on concerning this ma	tter, please call:	
Audra	Lynn		at ()	920-4493
N	lame of Contact Pe	erson	Area Code and	1 Daytime Telephone Number
Enclo	sed is a check f	or the following amou	int:	
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee and Certificate of Status	☐\$55.00 Filing Fo and Certified Copy	_
Regis Divisi P.O. I	ng Address: tration Section ion of Corporat Box 6327 nassee, FL 3231		Divisior The Cen 2415 N.	ddress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303

CR2E106 (05/17)

"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.

The name of the Florida Limited Liability Company converting into the "Other Business Entity" is:						
Fiore Apartment Holdings LLC						
Enter Name of Florida Limited Liability Company						
2. The name of the "Converted or Other Business Entity" is:						
Fiore Apartment Holdings LLC						
Enter Name of "Converted or Other Business Entity"						
3. The "Converted or Other Business Entity" is a limited liability company (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						
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.

- 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:	151 Hibiscus Street			
	Jupiter, FL 33458			
Mailing Address:	151 Hibiscus Street			
	Jupiter, F1, 33458			
	e amount to which such mem	agreed to pay any members having obers are entitled under ss. 605.1006		
Signed this	day of	, 20 24		
Signature:	gned by: 1	r or Authorized Representative		
Printed Name: Robyr	n MalpassTitle:	: Manager		
Fees: Filing Fee: Certified Cop Certificate of	-			