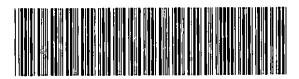
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:
(Requestor's Name)
:
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special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

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Filing Cover Sheet

: Florida Division of Corporations bm: LESLIE SELLERS C/O Capitol Services, Inc. ite: 12/13/2023 ans#: 1427250 ntity Name: AMITY OF FLORIDA LLC Articles of Incorporation () Amendment () Articles of Dissolution () Annual Report () Conversion (XXX) Fictitious Name () Limited Liability () Foreign Qualification () Limited Partnership () Merger () Reinstatement () Withdrawal / Cancellation () Partnership Registration () Other () TATE FEES PREPAID WITH CHECK # 3624 FOR \$180.00 👒 **LEASE RETURN:** Certified Copy (XXX) Plain Stamped Copy () Good Standing () Certificate of Fact ()

Phone: 855-498-5500



Filing Cover Sheet

b: Florida Division of Corporations	
om: LESLIE SELLERS C/O Capitol Services, Inc.	
ate: 12/13/2023	
rans#: 1427250	
ntity Name: AMITY OF FLORIDA LLC	
Articles of Incorporation ()	Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion (XXX)	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	Partnership Registration ()
TATE FEES PREPAID WITH CHECK # 3624 FOR \$180.0	
ertified Copy (XXX) Plain Stamped Copy	y ()
Good Standing () Certificate of Fact ()	

Phone: 855-498-5500

COVER LETTER

Division of Corporations		
SUBJECT: Amity of Florida LLC		
~	esulting Florida Limit	ed Company)
The enclosed Articles of Conversion, Articles Entity" into a "Florida Limited L		on, and fees are submitted to convert an "Other" in accordance with s. 605.1045, F.S.
Please return all correspondence concerning	ng this matter to:	
Tina Erales		
(Contact Person)		
Jones & Spross, PLLC		
(Firm/Company)		
1605 Lakecliff Hills Lane, Suite 100		
(Address)		
Austin, TX 78732		
(City, State and Zip Code)		
aallen@kaplanpc.com		
E-mail Address: (to be used for future annual re	eport notifications)	
For further information concerning this ma	atter, please call:	
Tina Erales	at (at	₎ 910-8229
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amordollars and drawn on a bank located in the		rocessed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Cop	
Mailing Address:		Street Address:
New Filing Section		New Filing Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
•		Tallahassee, FL 32303

Articles of Conversion

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

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conve	rsion 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 busin	iess trust, etc.)
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the c	ountry)
April 10, 2012 on	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organical Company and Section 1985.	anization:
Amity of Florida LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date: December 31, 2023 (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidecument'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 which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	amount to
	0.3
	2920
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	`t:

Signed this	12th	day of	December	20_23
Signature of A	<u>Authori</u>	zed Represe	ntative of Lim	ited Liability Company:
Signature of A Printed Name:	uthorize Linda L.	ed Represent Weinstein	ative:lin	Ja L. Weinstein. Title: Manager
Signature(s) o	n behali	of Other Bu	siness Entity:	[See below for required signature(s)]
Signature: Printed Name:_	Linda Linda L.	L. Weinstein Weinstein	.	Title: Manager
Signature: Printed Name:_				Title:
Signature:				
Signature:				
				Title:
Printed Name:				Title:
Signature: Printed Name:_				
	nairman,	Vice Chairm	an, Director, or n selected, an In	Officer. corporator must sign.
If Florida Gen Signature of on			<u>Limited Liabili</u>	ty Partnership:
If Florida Lim Signatures of A				ty Limited Partnership:
All others: Signature of an	authoria	zed person.		
Fees:				
Fees fo Certific		:	Organization:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Amity of Florida LLC		
(Must conta	in the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address and		e principal office of the Limited Liability Company is:
Principal Office Addres	<u>ss:</u>	Mailing Address:
9001 Collins Avenue, Unit	S605	9429 Harding Avenue, #290
Surfside, FL 33154		Surfside, FL 33154
The Limited Liability Company	cannot serve as its own R	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The Limited Liability Company business entity with an active Fi	cannot serve as its own Resorda registration.) a street address of the stered Agent Solution	egistered Agent. You must designate an individual or another ne registered agent are:
The Limited Liability Company business entity with an active Fi	cannot serve as its own Resorda registration.) a street address of the stered Agent Solution	egistered Agent. You must designate an individual or another ne registered agent are:
The Limited Liability Company business entity with an active FI The name and the Florida Regis	cannot serve as its own Riorida registration.) a street address of the stered Agent Solution National Diffice Plaza Drive, Su	egistered Agent. You must designate an individual or another ne registered agent are: s, Inc. ame
The Limited Liability Company business entity with an active Fl The name and the Florida Regis 155 C Flor	cannot serve as its own Riorida registration.) a street address of the stered Agent Solution Note: Description of the stered Agent Solution of the stered Agent Solution of the stered Agent Solution of the street address (India street addres	egistered Agent. You must designate an individual or another ne registered agent are: s, Inc. ame ite A P.O. Box NOT acceptable)
The Limited Liability Company business entity with an active Fl The name and the Florida Regis 155 C Flor	cannot serve as its own Riorida registration.) a street address of the stered Agent Solution Note: Office Plaza Drive, Surida street address (Enassee	egistered Agent. You must designate an individual or another ne registered agent are: s, Inc. ame ite A P.O. Box NOT acceptable) FL 32301
The Limited Liability Company business entity with an active Fl The name and the Florida Regis 155 C Flor	cannot serve as its own Riorida registration.) a street address of the stered Agent Solution Note: Description of the stered Agent Solution of the stered Agent Solution of the stered Agent Solution of the street address (India street addres	egistered Agent. You must designate an individual or another ne registered agent are: s, Inc. ame ite A P.O. Box NOT acceptable)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

113 4 C TO 11 3 4	
"MGR" = Manager	Linda I. Malainatain
MGR	Linda L. Weinstein
	9429 Harding Avenue, #290
	Surfside, FL 33154
	
	
	<u></u>
(1)	
(Use attachment if necessary) LE V: Other provisions, if any. fective date of these Articles of Organiz REQUIRED SIGNATURE:	
LE V: Other provisions, if any. lective date of these Articles of Organiz REQUIRED SIGNATURE:	zation shall be December 31, 2023.
LE V: Other provisions, if any. Signature of a member of This document is executed in accordance.	
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a document and accordance and false information submitted in a document is executed in accordance and false information submitted in a document is executed in accordance and false information submitted in a document is executed in accordance and false information submitted in a document is executed in accordance and false information submitted in a document.	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. Linda L. Weinstein	r an authorized representative of a member
REQUIRED SIGNATURE: Signature of a member of This document is executed in accordance any false information submitted in a doc as provided for in s.817.155, F.S. Linda L. Weinstein	r an authorized representative of a member ce with section 605.0203 (1) (b), Florida Statutes. I am aware ument to the Department of State constitutes a third degree fe

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