L24000025196

(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



800428912778

Conversion



2024 AUG -8 PH 3: 42

A. RAMSEY AUG 9.2024

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 580756 7925786
AUTHORIZATION:
COST LIMIT : \$ 25.0
ORDER DATE : August 6, 2024
ORDER TIME : 10:46 AM
ORDER NO. : 580756-005
CUSTOMER NO: 7925786
DOMESTIC AMENDMENT FILING NAME: AUGUSTA HOSPITALITY INVESTMENTS, LLC
EFFECTIVE DATE:
XX CONVERSION RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Shauna Godbolt -- EXT#

COVER LETTER

TO:	Registration S Division of Co					
SHRI	FCT. AUGUSTA	A HOSPITALITY INVES	TMENTS, LL	C (L24	000025	196)
50130		Name of Florida	Limited Liabil	lity Con	npany	
Limite	nclosed Articles ed Liability Con 1045, F.S.	of Conversion and fe	e(s) are subi Business E	mitted intity"	to co in acc	nvert a Florida cordance with
Please	return all corre	spondence concerning	g this matter	r to:		
REBE	CCA REZNICHEN	√ко				
		Contact Person				
SLUTZ	ZKY, WOLFE AN	D BAILEY, LLP				
		Firm/Company				
2255 C	CUMBERLAND P	KWY BLDG 1300				
		Address				
ATLA	NTA, GA 30339					
	Ci	ty, State and Zip Code	<u> </u>			
_	SWBATL.COM	T				
E	-mail address: (to b	oe used for future annual r	eport notificati	ion)		
For fu	irther informatio	on concerning this ma	tter, please o	call;		
REBECCA REZNICHENKO			at (⁷⁷⁰) 438-8000			
Name of Contact Person			Area C	ode and	Dayti	me Telephone Number
Enclo	sed is a check fo	or the following amou	int:			
□ \$ 25	5.00 Filing Fee	S30.00 Filing Fee and Certificate of Status	□\$55.00 F and Certifie			S60.00 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

CR2E106 (05/17)

Articles of Conversion

For

2024 AUG-8 AM 10: 20

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.

The name of the Florida Limited Liability Company converting into the "Other usiness Entity" is:						
AUGUSTA HOSPITALITY INVESTMENTS, LLC						
Enter Name of Florida Limited Liability Company						
The name of the "Converted or Other Business Entity" is:						
UGUSTA HOSPITALITY INVESTMENTS, LLC						
Enter Name of "Converted or Other Business Entity"						
The "Converted or Other Business Entity" is a LIMITED LIABILITY COMPANY ter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or siness trust, etc.)						
ganized, formed or incorporated under the laws of						
The plan of conversion was approved by the converting Florida Limited Liability ompany in accordance with Chapter 605, F.S. 08/06/2024						
This conversion shall be effective in Florida on: ne effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida partment of State: AND 2) must be the same as the effective date of the conversion under the laws governing the ther 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:	343 NW COLE TE	ERRACE SUITE 20	l 				
	LAKE CITY, FLORIDA 32055						
Mailing Address:	343 NW COLE TERRACE SUITE 201						
J	LAKE CITY, FLORIDA 32055						
	e amount to which		d to pay any members having are entitled under ss. 605.1006				
Signed this 6TH day		UGUST	20				
Signature:	Must be signe	ed by a Member or Au	thorized Representative				
Printed Name:M	licah Linton	Title:	Managing Member				
Fees: Filing Fee: Certified Cop Certificate of	y: \$	25.00 30.00 (Optional) 5.00 (Optional)	•				

Page 2 of 2

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