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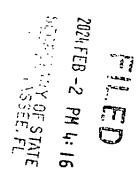
(Req	juestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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T. MATTHEWS FEB 29 2024



COVER LETTER ...

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	Filing Science C	ection orporations			
		•			
SUBJECT:		(Name of Re	sulting Florida Limi	ited Con	npany)
The analoged	l Artiolog		_		
					d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return	all corre	espondence concernin	g this matter to:		
Amy Anne Fe	lix				
		(Contact Person)		_	
Amy Anne Fe	lix, LLC				
		(Firm/Company)		_	
11760 SW 26	th Court				
		(Address)		_	
Miramar, FL 3	3025				
	((City, State and Zip Code)		-	
amy.felix@gm	nail.com				
E-mail Add	ress: (to b	e used for future annual re	port notifications)	_	
For further in	formatio	on concerning this ma	tter, please call:		
Amy Felix			at ((617)	818-0503
(Name	of Conta	ct Person)) (Day	time Telephone Number)
		or the following amou a bank located in the		orocess	ed by this office must be payable in US
\$150.00 Filin (\$25 for Conver & \$125 for Artio of Organization	rsion cles	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
	ng Addr Filing Se				Address: Filing Section
	_	orporations			on of Corporations
	30x 632				entre of Tallahassee
Tallah	nassee, F	L 32314		24151	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Conversion For

"Other Business Entity"

Into

Florida Limited Liability Company

FILED

2024 FEB -2 PH 4: 17

SECRETARY OF STATE

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 Conversion is: Amy Anne Felix, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Sole Proprietor LLC
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
June 6th, 2022
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Amy Anne Felix, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after
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 listed as the document'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 amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 26 day of January	20_24
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative:	el No
Printed Name: Amy Anne Felix	() Title: Founder
Frinted Name: Any Anne i onx	Title: rounder
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Timed Nume.	
Signature:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature:	Til
Printed Name:	_ little:
Signature:	
Signature:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	Officer.
If Directors or Officers have not been selected, an In	
	•
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
TOTAL CLASS CONTRACTOR OF THE STATE OF THE S	
If Florida Limited Partnership or Limited Liabili	ty Limited Partnership:
Signatures of ALL General Partners.	
All others:	
Signature of an authorized person.	
· · · · · · · · · · · · · · · · · · ·	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)
	• •

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TEL CALLS	. 11:19: 0	nos con a DM La 17
The name of the Limi	ted Liability Company is	2024 FEB -2 PM 4: 17
Amy Anna Falix LLC		SECRETARY OF STATE TALLAHASSEE. FL
Amy Anne Felix, LLC	ontain the words "Limited Liabil	ty Company, "L.L.C" or "LLC.")
,		
ARTICLE II - Addr		
The mailing address a	and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Add	iress:	Mailing Address:
		11760 SW 26th Ct
11760 SW 26th Ct		
Miramar, FL 33025 ARTICLE III - Regi	oany cannot serve as its own Regi	Miramar, FL. d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
Miramar, FL 33025 ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	oany cannot serve as its own Regione Florida registration.) orida street address of the	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	oany cannot serve as its own Regi we Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are:
ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	oany cannot serve as its own Regive Florida registration.) orida street address of the my Anne Felix	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are:
ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	oany cannot serve as its own Regione Florida registration.) orida street address of the my Anne Felix Nan	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are:
Miramar, FL 33025 ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo A	oany cannot serve as its own Regione Florida registration.) orida street address of the my Anne Felix Nan 1760 SW 26th Ct	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are:

Registered Agent's Signature (REQUIRED)

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Δ	PT	CL	F	IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Amy Felix
	11760 SW 26th Ct
	Miramar, FL 33025
(Use attachment if necessary)	
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE;	
. 11	
1 1 1 1	\mathcal{O}
Mulkel	10
- Amy Scel	<i>P</i>
//()	an authorized representative of a member
Signature of a member or a This document is executed in accordance with the second sec	
Signature of a member or a This document is executed in accordance vany false information submitted in a document	with section 605.0203 (1) (b), Florida Statutes. I am aware tha
Signature of a member or a This document is executed in accordance with the second sec	with section 605.0203 (1) (b), Florida Statutes. I am aware tha
Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felon
Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware that nent to the Department of State constitutes a third degree felon
Signature of a member or a This document is executed in accordance of any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware tha

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)