# 124000415673

<b>S</b>
(Requestor's Name)
- (Address)
- ::
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
To the Management of the Manag
(Business Entity Name)
- <del></del> . <u></u>
(Document Number)
Certified Copies Certificates of Status
engl
Special Instructions to Filing Officer
•
Office Use Only
<u></u>
-



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2024 DCT - 1 EM 9: 47

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 657207 8318234

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE: September 24, 2024

ORDER TIME : 1:33 PM

ORDER NO. : 657207-025

CUSTOMER NO: 8318234

\_\_\_\_\_

#### DOMESTIC AMENDMENT FILING

NAME: LEONARD BROS. MOVING & STORAGE

, LLC

EFFECTIVE DATE:

XX ARTICLES OF CONVERSION
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## 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 Conv LEONARD BROS. MOVING & STORAGE, LLC	ersion is:
(Enter Name of Other Business Entity)	2024 CI
2. The "Other Business Entity" is a Limited Liability Company	
(Enter entity type: Example: Corporation, infinited partnersinp, general partnersinp, common law wish	in .
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity, the name of the	country)
08/31/2020	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Or	ganization:
LEONARD BROS. MOVING & STORAGE , 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 calenda the date this document is filed by the Florida Department of State.)	r days after
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
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 Hoth day of Stotember	20 24		
Signature of Authorized Representative of Lim	ited Liability Company:		
Signature of Authorized Representative: Printed Name: Rickki Black	Title: Authorized Person		
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]		
Signature: Right Black			
Printed Name: Rickki Black	Title: Authorized Person		
Signature:			
Signature:Printed Name:	Title:		
Signature:			
Signature:Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	Title:		~2
Signature:Printed Name:			02Կ
Printed Name:	Title:		007
Signature:Printed Name:			2024 OCT -1 E3
Printed Name:	Title:	ر ا ا	- 5 - 5 - 5
If Florida Corporation:	om		ıΩ
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In			17
·		·	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnersnip:		
If Florida Limited Partnership or Limited Liabili Signatures of ALL General Partners.	ity Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Articles of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		•	
LEONARD BROS.	MOVING & STORAGE,	LLC	
<del></del>		Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
The mailing addre	ess and street address of	the principal office of the Limited	Liability Company
Principal Office	Address:	Mailing Address:	
17518 Koester St		17518 Koester St	
Riverview, MI 4819	93	Riverview, MI 48193	202
Riverview, MI 4819	93	Riverview, MI 48193	2024 OC
ARTICLE III - I	Registered Agent, Regi	Riverview, MI 48193  stered Office, & Registered Agen n Registered Agent. You must designate an inc	dividual or another
ARTICLE III - I (The Limited Liability (	Registered Agent, Regi Company cannot serve as its own active Florida registration.)	stered Office, & Registered Agen	dividual or another
ARTICLE III - I (The Limited Liability (	Registered Agent, Regi Company cannot serve as its own active Florida registration.)	stered Office, & Registered Agen in Registered Agent. You must designate an income	dividual or another
ARTICLE III - I (The Limited Liability (	Registered Agent, Regi Company cannot serve as its own active Florida registration.)  Florida street address of	stered Office, & Registered Agen in Registered Agent. You must designate an income	it's Signature: dividual or anoth <u>el</u>
ARTICLE III - I (The Limited Liability (	Registered Agent, Regi Company cannot serve as its own active Florida registration.)  Florida street address of	istered Office, & Registered Agen in Registered Agent. You must designate an inc of the registered agent are:	dividual or another
ARTICLE III - I (The Limited Liability (	Registered Agent, Regi Company cannot serve as its own active Florida registration.)  Florida street address of Corporation Service Co	istered Office, & Registered Agen in Registered Agent. You must designate an inc of the registered agent are:	dividual or another
ARTICLE III - I (The Limited Liability (	Registered Agent, Regi Company cannot serve as its own active Florida registration.)  Florida street address of Corporation Service Co	stered Office, & Registered Agen in Registered Agent. You must designate an inc of the registered agent are: ompany Name	dividual or another

liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

'AMBR" = Authorized Member	
'MGR" = Manager AMBR	Robin Leonard
TOTION	985 Aussi Court
	Tarpon Springs, FL 34689
	<del></del>
	<u></u>
	<del></del>
Use attachment if necessary)	٠ <sub>٠</sub> ٠٠-
EV: Other provisions, if any.	
REQUIRED SIGNATURE:	
	1 - 10
Dicke D	lack
	an authorized representative of a member
	with section 605.0203 (1) (b), Florida Statutes. I am awar ment to the Department of State constitutes a third degree
as provided for in s.817.155, F.S.	
Rickki Black	
	ped or printed name of signee
Tv	ped of printed name of stance

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