## 42100013613

(Re	questor's Name)	
(Ad	dress)	<del></del>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Oo	ocument Number)	
(55	edition ramber,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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RECEIVED

2202/26/12

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 823236 4810936
AUTHORIZATION: Spelle le man
COST LIMIT : \$ 25.00
ORDER DATE : July 20, 2022
ORDER TIME : 10:12 AM
ORDER NO. : 823236-075
CUSTOMER NO: 4810936
FOREIGN FILINGS
NAME: LEE TERRACAP, LLC
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lee Terracap, LLC	
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
Michael Coogan	
Name of Person	<del></del>
ECI Group	
Firm/Company	<del></del>
2100 Powers Ferry Road, Suite 200	
Address	
Atlanta, GA, 30339, USA	
City/State and Zip Code	
MCoogan@ecigroups.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, p	lease call:
Ben Engel	11 () <u>693-3705</u>
Name of Person	Area Code & Daytime Telephone Number
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
Enclosed is a check for the following ar	mount:
•	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status &
CR2E055 (9/15)	Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

2022 JUL 21 AM 9: 27

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	ears on the records of the Florida Department of Tible
State: Lee Terracap, LLC	
Enter new principal office address, if applicable	<b>:</b> :
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited	liability company is: M21000013673
3. Jurisdiction of its organization: Georgia	
4. Date authorized to do business in Florida: 1	0/15/2021
SECTION II (5-9 complete only the applicab	
5. New name of the limited liability company: (m	oust contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adoption copy of the written consent of the managers or must contain "Limited Liability Company," "L.	ted for the purpose of transacting business in Florida and attach a nanaging members adopting the alternate name. The alternate name L.C." or "LI.C.")
6. If amending the registered agent and/or regist registered agent and/or the new registered office	ered officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
_	, Florida
the provisions of all statutes relative to the prop and accept the obligations of my position as reg	Registered Agent: gent and agree to act in this capacity. I further agree to comply with er and complete performance of my duties, and I am familiar with istered agent as provided for in Chapter 605, F.S. Or, if this ge in the registered office address, I hereby confirm that the limited

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	<u>Name</u>	Address	Type of Action	
			\ \Backsquare Add	
			□Remo	
			□Add	
			□Remo	
			□Add	
			□Remov	
			DAdd	
			□Remov	
			□Add	
aforementioned am-	cate, if required: no more than 90 endment(s), duly authenticated by he law of which this entity is organ	the official having custody of records in the	□Remov	
	Signature of Ben Engel	the authorized representative		

Typed or printed name of signee

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF CONVERSION OF A GEORGIA LIMITED

LIABILITY COMPANY UNDER THE NAME OF "LEE TERRACAP, LLC" TO A

DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE

TWENTIETH DAY OF JULY, A.D. 2022, AT 10:04 O'CLOCK A.M.



Authentication: 203961405 Date: 07-20-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:04 AM 07/20/2022
FILED 10:04 AM 07/20/2022
SR 20223035539 - File Number 6922886

# STATE OF DELAWARE CERTIFICATE OF CONVERSION FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT

1.)	The jurisdiction where the Non-Delaware Limited Liability Company first formed is Georgia
2.)	The jurisdiction immediately prior to filing this Certificate is Georgia.
3.)	The date the Non-Delaware Limited Liability Company first formed is October 6, 2021
4.)	The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Lee Terracap, LLC
5.)	The name of the Limited Liability Company as set forth in the Certificate of Formation is Lee Terracap, LLC.
IN —	WITNESS WHEREOF, the undersigned have executed this Certificate on the 20th day of July , A.D. 2022
	By: Authorized Person
	Name: Ben Engel

Print or Type