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KAREN ELLISON, RECORDER

APN# _____

Recording Requested by/Mail to:

Name: Laura McCullough

Address: 3009 Douglas Blvd. #150

City/State/Zip: Roseville, CA 95661

Mail Tax Statements to:

Name: Margaret Leavitt

Address: 5544 Linda Lane

City/State/Zip: Carmichael, CA 95608

Articles of Organization - Conversion

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Laura McCullough

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting



State of California
Secretary of State

I, Shirley N. Weber, Ph.D., Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of this office.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of 2-3-2021



Shirley N. Weber, Ph.D.
Secretary of State

202103210759



State of California Secretary of State

Limited Liability Company Articles of Organization - Conversion

FILED Secretary of State State of California

JAN 13 2021

IMPORTANT - Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

Leavitt Family, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

One Manager More Than One Manager All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA City State Zip Code 5544 Linda Lane Carmichael CA 95608

5. Initial Mailing Address of Limited Liability Company, if different from Item 4 City State Zip Code

6. Initial Agent for Service of Process: Item 6a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 6b: If the agent is an individual, list the agent's CA business or residential street address. Item 6c: If the agent is an individual and the converting entity is a CA corporation, limited partnership or general partnership, list the agent's mailing address. Do not list an address if the agent is a CA registered corporate agent as the address for service of process is already on file.

a. Name of Agent For Service of Process

Margaret G. Leavitt

b. If an individual, Street Address of Agent for Service of Process - Do not list a P.O. Box City State Zip Code 5544 Linda Lane Carmichael CA 95608

c. If an individual, Mailing Address of Agent for Service of Process City State Zip Code 5544 Linda Lane Carmichael CA 95608

Converting Entity Information

7. Name of Converting Entity Leavitt Family Partnership, L.P.

8. Form of Entity Limited Partnership 9. Jurisdiction California 10. CA Secretary of State File Number, if any 199830600019

11. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote, AND The percentage vote required of each class. General Partner 100% Limited Partner 100%

Additional Information

12. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

13. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person

Margaret G. Leavitt, General Partner Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Type or Print Name and Title of Authorized Person

