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## **COVER LETTER**

TO:

ΓΟ: Registration S Division of Co			
	nagement LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oundence concerning this matter	to the following:	
	Albertina Figueroa		
	Amendment and fee(s) are submitted for filing.  Amendment and fee(s) are submitted for filing.  Albertina Figueroa  Name of Person  Firm/Company  8000 NW 7th St. Ste 102  Address  Miami, Fl. 33126  City/State and Zip Code afigueroa@ketermedicalcenter.com  E-mail address: (to be used for future annual report notification)  roncerning this matter, please call:  at (		
		Firm/Company	
	8000 NW 7th St. Ste 102		
		Address	
	Miami, FL 33126		
	afigueroa@ketermedicalcer		-
			fication)
or further information	concerning this matter, please c	all:	
Odisa Gonzalez CPA		at (	
Name	of Person	Area Code Daytim	e Telephone Number
inclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addr Registration Division of P.O. Box 61 Tallahassee	Section Corporations 327	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations 'allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) [1]

(A Florida Limited Liability Company) ... Alfini LLC The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/04/2022}{03/04/2022}$ . Florida document number 1.22000112194 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Altiru Management LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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