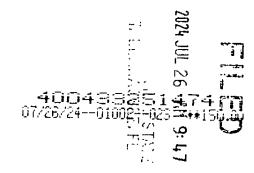
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,
(Requestor's Name)
; <del>-</del>
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Danish Marka)
- (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
:
:- i- · Office Use Only
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SECRETATION AT 10: 5

SECTIVED



# **Filing Cover Sheet**

ro: Florida Division of Corporations		
From: Merritt		
Date: 7/25/2024		
Frans#: 1481233		
Entity Name: ALTM-Holdings-LLC	Articles of Amendment (2)	<del>-</del> 1
Articles Incorporation ( )	Articles of Amendment ( )	en.c
Articles of Dissolution ( )	Annual Report ( )	
Conversion (V)	Annual Report ( )	-
Foreign Qualification ( )	Limited Liability ( )	
Limited Partnership ( )	Merger ( )	
Reinstatement ( )	Withdrawal / Cancellation ( )	
Other ( )		
STATE FEES PREPAID WITH CHECK# 4051 FOR \$150.00		
PLEASE RETURN:		
Certified Copy ( ) Plain_Photocopy (	<b>( )</b> i	
Good Standing ( ) Certificate of Fa	ct ( )	

Phone: 855-498-5500



# **Filing Cover Sheet**

<b>Fo:</b> Florida Division of Corporations	
From: Merritt	
Date: 7/25/2024	
Frans#: 1481233	
Entity Name: ALTM Holdings LLC	2024
Articles Incorporation ( )	Articles of Amendment ( ) 26
Articles of Dissolution ( )	Annual Banant / \ C'
Conversion ( <b>√</b> )	Annual Report ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger ( )
Reinstatement ( )	Withdrawal / Cancellation ( )
Other ( )	
STATE FEES PREPAID WITH CHECK# 4051 FOR \$150.00	
PLEASE RETURN:	
Certified Copy ( ) Plain Photocopy (✓	)
Good Standing ( ) Certificate of Fa	ct ( )

Phone: 855-498-5500

# **COVER LETTER**

10:	New Filing Se Division of Co								
SHRJ	IECT: ALTM Ho	oldings LLC							
ООВ		(Name of Res	ulting	Florida Limite	d Com	pany)	<del></del>		
		s of Conversion, Articl a "Florida Limited Li							her
Please	e return all corre	espondence concerning	g this	matter to:			조:	2024 JUL 26	
Jeanr	ne Balint						-	<b>[</b>	
-		(Contact Person)					: 	92	Î [ ]
Butze	l Long						(i) (ii) (ii)	AH	
		(Firm/Company)					ESTA MESTA	1 9: 47	C
150 V	Vest Jefferson, St	te 100						17	
	•	(Address)					, ,		
Detro	it, MI 48226								
-	((	City, State and Zip Code)							
balint	@butzel.com								
E-1	mail Address: (to b	e used for future annual re	port n	otifications)					
For fu	arther information	on concerning this ma	ter. j	please call:					
Jeani	ne Balint		21.6	. 313	225-7	003			
	(Name of Conta	ct Person)	( (	(Area Code)	(Dayı	1003 time Telephone Number)			
		or the following amou a bank located in the			rocess	ed by this office must	be paya	ble in L	JS
(\$25 fo & \$12	50.00 Filing Fees or Conversion 5 for Articles anization)	S155.00 Filing Fees and Certificate of Status		\$180.00 Filing Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status			
	Mailing Add New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7			New F Divisi The C 2415 ì	Address: Filing Section on of Corporations entre of Tallahassee N. Monroe Street, Suit assee, FL 32303	e 810		

# **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 A ALTM Holdings LLC	rticles of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a limited liability company  (Enter entity type. Example: corporation, limited partnership, general partnership, co	
·	· ' ~ '
First organized, formed or incorporated under the laws of	
(Enter state, or if a non-U.S. entity	, the name of the country)
06/21/2024	y, the name of the country)
(date of organization, formation or incorporation)	en a de la companya
3. The name of the Florida Limited Liability Company as set forth in the attached.	Articles of Organization:
ALTM Holdings LLC	7 7
(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	an 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 document's effective date on the Department of State's records.	s date will not be listed as the
5. The plan of conversion has been approved in accordance with all applicable statu	tes.
6. The "Converted or Other Business Entity" has agreed to pay any members having ap which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.	praisal rights the amount to

. •			
Signed this 25th day of July	_ 20 <u>_ 24</u>		
Signature of Authorized Representative of Limit	ted Liability Company:		
Signature of Authorized Representative: <i>Nichola</i> Printed Name: Nicholas J. Stasevich	as Q. Stasevick  Tipe: Authorized Representative	_	
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)]		
Signature: <u>Nicholas Q. Stasswich</u> Printed Name: Nicholas J. Stesevich		_	
Printed Name: Nicholas J. Stesevich	Title: Authorized Representative	-	
Signature:			
Signature: Printed Name:	Title:	<u>-</u>	
Signature:Printed Name:	Title:	-	
Signature:Printed Name:	Title	_	
Frinted Name:		-	_
Signature:Printed Name:		_ 5:	7.07
Printed Name:	Title:	- :-	1054 JUL
Signature:			<u>l</u> 26
Signature: Printed Name:	Title:		
		171	3
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or 6	Officer.		9
If Directors or Officers have not been selected, an Inc		Γ.	47
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:		
All others: Signature of an authorized person.			
Fees:			
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

the name of the	Limited Liability Company	is:	
ALTM Holdings L	LC		
(	Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	<del></del> -
ARTICLE II The mailing add		principal office of the Limited	Liability Company
Principal Office	e Address:	Mailing Address:	
2 South Biscayne Miami, FL 33131		2 South Biscayne Blvd, 21st Miami, FL 33131	<del></del>
ARTICLE III -	Registered Agent, Register	and Office & Degistered Age	e Signaturar
,	y Company cannot serve as its own Ro an active Florida registration.)	egistered Agent. You must designate an in	\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
business entity with	, -,, ,,	3	6 AM
business entity with	an active Florida registration.)	3	6 AM
business entity with	an active Florida registration.)  ne Florida street address of the CT Corporation System	3	\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
business entity with	an active Florida registration.)  ne Florida street address of the CT Corporation System	ne registered agent are:	6 AM
business entity with	an active Florida registration.)  The Florida street address of the CT Corporation System  No. 1200 South Pine Island Ro	ne registered agent are:	6 AM
business entity with	an active Florida registration.)  The Florida street address of the CT Corporation System  No. 1200 South Pine Island Ro	ne registered agent are:	6 AM

Having been named as registered agent and to accept service of process for the above stated limited 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.,

Stephanis Hencz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE 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 MGR	Raj B. Vattikuti		
	2 South Biscayne Blvd, 21st FL		
	Miami, FL 33131		
		<del></del>	
(Use attachment if necessary)		202	l i
		2024 JUL 26	
ARTICLE V: Other provisions, if any.		L 2	T-25
TRITEDE 7. Office provisions, it any.		(0)	_ <u> </u>
	<u> </u>	9	
		<u></u> ,	
REQUIRED SIGNATURE:		r: <b>-4</b>	

Nicholas J. Stassvich

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nicholas J. Stasevich, Authorized Representative

Typed or printed name of signee

#### Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)