## L18 000 153942

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration S Division of Co		,	
L70 Tech	nologies, LLC	,	-
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Daniel Boivin		
		Name of Person	<del></del>
	L70 Technologies, LLC		
		Firm/Company	١.
	901 Twelve Oaks Center I	Drive, Suite 920	
	<del></del>	Address	į.
	Wayzata, MN 55391		
		City/State and Zip Code	
	dboivin@170technologies.c		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notifiall:	fication)
Daniel Boivin		952 378-1822	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration Sec	Stion
Registration Section Division of Corporations		Division of Cor	
P.O. Box 63		The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L70 Technologies, LLC	
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000153942}{L18000153942}$ .	were filed on June 22, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	901 Twelve Oaks Center Drive
Principal office address MUST BE A STREET ADDRESS)	Suite 920
	Wayzata, MN 55391
Enter new mailing address, if applicable:	901 Twelve Oaks Center Drive
Mailing address MAY BE A POST OFFICE BOX)	Suite 920
	Wayzata, MN 55391
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  No. 10 to	address on our records, enter the name of the new regist
New Registered Office Address:	Enter Florida street address
	, Florida
	Civ. Zin Code

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 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>	<u>Address</u>	Type of Action
N/A			□Add
			□ Remove
			Change
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effective date, if other than the effective date is listed, the date municipal of the date inserted in this between 's effective date on the L	plock does not meet the appl	licable statutory filing re	(optional) than 90 days after filing.) equirements, this date v	Pursuant to 605.0, will not be listed
ord specifies a delayed effecti filed.	ve date, but not an effective	time, at 12:01 a.m. on t	the earlier of: (b) The	90th day after the
October 2	2020			
d				
d	A Shul	W_		

Filing Fee: \$25.00