## LZ1000453347

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Docur	nent Number)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	ng Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

	gistration So vision of Cor			
SUBJECT:	SERVENT	Y TECH LLC		
SUBJECT:			ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		LEONARDO FIGUEIREI	<b>O</b> ()	
		-	Name of Person	
		SOLUTION ADVISING I	LLC	
			Firm/Company	
		5728 MAJOR BLVD - SU	ITE 609	
			Address	
		ORLANDO - FLORIDA -	32819	
			City/State and Zip Code	
		info@solutionadvising.com E-mail address: (	to be used for future annual report noti	fication)
For further i	information c	oncerning this matter, please ca	-	
LEONARD	O FIGUEIR	EDO	407 318-0058	
	Name o	f Person	at () Area Code — Daytim	e Telephone Number
Enclosed is	a check for th	ne 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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	อก

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	Company as it now appears on our records mited Liability Company)	<u>s.</u> )
(A Florida Li	mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 10/18/2021	and assigned
Florida document number L21000453847		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
SEVENTY TECH LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(2.2)	201
		20111111
		1
Enter new mailing address, if applicable:		<i>φ</i>
Mailing address MAY BE A POST OFFICE BOX)		
		2: 1
	· · · · · · · · · · · · · · · · · · ·	نـ
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		, enter the name of the n
egistered agent and/or the new registered office address	s nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code

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 addered removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
	<del></del>		
			Remove
			Change
		<del></del>	Add
			Remove
			Change
			☐ Remove
			Change

(If an ei <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	Octobu 29 2021
Dated	
Dated	October 29  Pocusigned by:  Kafael Machado  SPEARRENZESCOANCEMBER or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00