Office of the Minnesota Secretary of State

Minnesota Limited Liability Company | Amendment to Articles of Organization

Minnesota Statutes, Chapter 322C

Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail

Note: Information provided when filing a business entity is public data and may be viewable online. This includes but is not limited to all individual names and addresses.

1. File Number:			
2. List the name of this company currently on file with the Office	of the Minnesota Secr	retary of State: (F	Required)
3. The articles of organization for this Limited Liability Company	are amended pursuan	at to Chapter 3220	C.
AMENDMENT OPTIONS: Complete as many amendment operanging the information related to that option.	otions as apply. Con	iplete an option	only if you are
4. The company name is changed to:			
5. The registered office address is changed to:			
	City	MN State	Zin Codo
Street Address (A post office box by itself is not acceptable)	City	State	Zip Code
6. The registered agent is changed to:			
7. The business mailing address has changed to:			
Address	City	State	Zip Code
8. The articles of organization are otherwise amended as			
follows:			
9. I, the undersigned, certify that I am signing this document as the person(s) whose signature would be required who has authorized repacities. I further certify that I have completed all required field correct and in compliance with the applicable chapter of Minnesot subject to the penalties of perjury as set forth in Section 609.48 as	me to sign this documents, and that the informal Statutes. I understa	ent on his/her bel ation in this docu nd that by signing	nalf, or in both ment is true and g this document I an
Signature of Authorized Person or Authorized Agent	Date		_

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Enter an email address to which the	Secretary of State can forward official notices required by law	and other notices:
Check here to have your email a	ddress excluded from requests for bulk data, to the extent allo	wed by Minnesota law.
List a name and daytime phone nu	umber of a person who can be contacted about this form:	
Contact Name	Phone Number	_
	ny financial interest in agricultural land or land capable of iculture's Corporate Farm Program.	being farmed must
Does this entity own, lease, or have	any financial interest in agricultural land or land capable of be	ing farmed?

INSTRUCTIONS

File your business document online by visiting our website at www.sos.mn.gov.

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

- 1. List the File Number provided by the Minnesota Secretary of State.
- 2. List the exact company name as filed with this office. (Required)
- 3. Complete as many amendment options as apply. Complete an option only if you are changing the information related to that option.
- 4. If you are changing your company name, list the exact legal name for this Limited Liability Company. The name must include the words or abbreviations Limited Liability Company, LLC, Professional Limited Liability Company or PLC and cannot contain the words "corporation" or "incorporated" or their abbreviations. A preliminary name availability check may be done by accessing our website at www.sos.mn.gov.
- 5. The registered office address must be a Minnesota address and must be completed with a street address or rural route and rural route box number, city, state and zip code. A P.O. Box by itself is not acceptable.
- 6. You are not required to have a registered agent. If you wish to have an agent now, you must list the full name of the agent who must be located at the registered office address. If you wish to remove a previously designated agent, write "none" for the agent.
- 7. If the business mailing address will be different then the registered office address, list the mailing address. This address may be a P.O. Box.
- 8. Enter the amended article completely and by using the language which is to be in effect once the amendment is filed. If there is not enough space for your amendment, please attach additional pages.
- 9. A signature of a person authorized by the LLC to sign documents or an Authorized Agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).) is required.

Email Address for Official Notices. This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime telephone number of a person who can be contacted about this form.

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Please submit all items together and mail to the address below:

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services First National Bank Building 332 Minnesota Street, Suite N201 Saint Paul, MN 55101

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.