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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Bookiese Chai, Hame)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Q. SILAS	
MAR 25 2022	

Office Use Only



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ALLAHASSEE, FLOR

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2022 MAR 25 PH 2: 18
SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: B	T COASTAL	One LCC ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Tim	Lenth Name of Person	
	BT COA	STAL OLE LLC Firm/Company	
	<u>537 B</u>	ROAD ST. Address	
	Menasha	City/State and Zip Code (ELOPMENT PROPERTIES to be used for future annual report notificat	·
	BTDEV E-mail address: (ELOPMENT PROPERTIES to be used for future annual report notificat	es @ GMAIL. com
For further information c	oncerning this matter, please c	all:	
Name o	Lenta f Person	at (<u>920)</u> 858 - / Area Code Daytime Te	lephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	าก
Division of C P.O. Box 632		Division of Corpor The Centre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAR 25 PM 2: 18

BT COASTAL O	ONE LL	SECRETARY OF STATE
(A Florida Limited L	ny as it now appears .iability Company)	s on our records: FL
The Articles of Organization for this Limited Liability Company		1~31
Florida document number _ L 220000 7436 L		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	esignation "L.L.C." or the abbreviation "L.L.C."
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 a	ddress on our re	cords, enter the name of the new registe
agent and/or the new registered office address here:		
N. CNI D. L. LA		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Flori	ida street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete [
accept the obligations of my position as registered agent as p		

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>	Name	Address	Type of Action
AMBR	ADAM J Lengh	W6838 School Rd	🗆 Add
		Greenville WI 5494	≥∂ Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			□ Add
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			□Remove
			□Change

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Note:	ve date, if other than the date of filing:
e record and is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _.	3-25 2012
	Signature of a member or authorized representative of a member
	Transly 14 Least Typed or printed name of signee