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SECRETARY OF STATE

TN -1 PM 1: 407 APR -1 PH 1:

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ест:	3T COASTAL Name of Lim	TWO LCC ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Tim	Lenta Name of Person	
			Name of Person LCC Firm/Company	
			Address	
		MENASH	A WI S7952 City/State and Zip Code	
		BT DEVE E-mail address: (LIPMENT PROPERTICS @ to be used for future annual report notif	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
	Name of	Centa Person	at (<u>92</u> 2) 858 _ Area Code Daytime	1688 e Telephone Number
Enclos	ed is a check for th	e following amount:		
Γ ∕ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 APR -1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FI

BT COASTAL TWO	درر	TAL	LAHASSEE, FL
(Name of the Limited Liability Compa	any as it now appear Liability Company)	s on our records.)	
Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) the Articles of Organization for this Limited Liability Company were filed on			
Name of the Limited Liability Company wit now appears on our records.			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3-14-2024 and assigned Florida document number 2001 (3 474). This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered Agent: New Registered Office Address: Enter Florida street address Florida			
A. If amending name, enter the new name of the limited liab	bility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	 		

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*			· · · · · · · · · · · · · · · · · · ·
(Maining address MAY BE A POST OFFICE BOA)			
-	address on our r	ecords, enter the na	me of the new registered
Name of New Registered Agent:	<u> </u>		·
Now Registered Office Address			
New Registered Office Address.	Enter Florida street address City City City City Tip Code Enter to act in this capacity. I further agree to comply with the ceperformance of my duties, and I am familiar with and a provided for in Chapter 605, F.S. Or, if this document is		
		, Florida _	
	•		Zip Code
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of provided for in ((my duties, an <mark>d</mark> Lan Chapter 605, F.S. O	n familiar with and r, if this document is

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>	Address	Type of Action
AP Amer	Adam J Lent	W 6838 School Rd	□Add
		Greenville, WI 54942	⊘ Remove
			🗀 Change
			□Add
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	Dated 9-1	. 2027	<u></u>		
					
Signature of a member or authorized representative of a member)			
Two was 14 Lea h Typed or printed name of signee				ember	