RI SOS Filing Number: 202343614900 Date: 12/28/2023 12:13:00 PM

	ent of State	- Business Services Division		1 ,	
Articles of An	Liability Compa	ny		REC R.J. OEP EUS S	
→ Filing Fee: \$50.0 Pursuant to the provements its Articles 6	isions of RIGL <u>i</u>	7-16-12 the undersigned limited liability companas follows:	y hereby	CEIVED T. OF STAI SVCS CI	
1. Entity ID Numbe	Γ:	2. The name of the limited liability company is:		۳.	
001745980		TNT REAL ESTATE HOLDINGS I.LC			
3. If the entity's nar state the new name			Check the box to	o indicate no change 🗓	
	ng, complete the	e ging, complete the following section: CHECK ON		o indicate no change 🔻	
Perpetual (on Date certain fo	or dissolution	jing, complete the following section: CHECK ON		o indicate no change 💉	
Partnership of A corporation	or	arate from its member(s)	*****	o indicate no change	
7. If the manageme	ent structure is o	changing, complete the following section:			
The Limited Liability Company is to be managed by: CHECK ONE BOX ONLY					
Its member(s) (If you have checked this box, skip to Section 7. DO NOT fill out the chart below.)					
· 🗀 ' '	One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of these Articles of Amendment, state the name and address of each manager on the next page.)				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED

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BYML MP

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MANAGER	ADDRESS					
	1					
			neck the box to indicate no change x			
9. If adding or amanding	additional provisions, comple		reak the box to maloate his change			
8. If adding or amending additional provisions, complete the following section:						
			_			
			heck the box to indicate no change x			
	16-67, the entity has paid all					
10. Date when these Articl	10. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY					
Date received (Upon	filing)					
		NO days facility that data of fillings				
Later effective date (L	Jate must be no more than 9	0 days from the date of filing)				
Under penalty of perjury, I	declare and affirm that I hav	e examined these Articles of A	Amendment, including any			
accompanying attachmen	ts, and that all statements co	intained herein are true and co	orrect.			
Name of Authorized Perso	on .	Street Address				
Matthew Brown		889 Broad Rock	Road			
City/Town		State	Zip Code			
South Kingstown		R I.	02879			
Signature of Authorized Po			Date			
المالية المالي المالية المالية المالي						
			17/18/23			

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

December 28, 2023 12:13 PM

Gregg M. Amore Secretary of State

Treg M. Coure

