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SECRETARY OF STATE
TALLAHASSEE

.COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor						
eun ieca	N1969 TAN	IGO LLC	,	•			
SUBJECT	•	Name of Lim	ited Liability Company .	· · · · · · · · · · · · · · · · · · ·			
The enclos	ed Articles of .	Amendment and fee(s) are sub	mined for filing.				
Please retu	rn all correspo	ndence concerning this matter	to the following:				
		James Weseman					
			Name of Person	 			
		N1969 Tango LLC					
			Firm/Company				
		305 DOW C7					
		Green Cove Springs. FL 32043					
		jamesweseman@comcast.n	City/State and Zip Code ct to be used for future annual report i	notification)			
For further	r information co	oncerning this matter, please c	all:				
James We	seman		904 838-1158				
	Name of	Person	at () Area Code Day	time Telephone Number			
Enclosed i	s a check for th	ю following anюunt:					
■ \$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)			
	lailing Addres		Street Address				
	legistration Solvision of C		Registration Division of O				
	O. Box 632			f Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number E1800022770a	Liability Company were filed on	2/25/2018 and assigned
This amendment is submitted to amend the fol	ndment is submitted to amend the following: ending name, enter the new name of the limited liability company here: me must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." w principal offices address, if applicable: Inffice address MUST BE A STREET ADDRESS) w mailing address, if applicable: Address MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office address on our records, enter the name of the new registered office address here: Name of New Registered Agent: James Weseman	
A. If amending name, enter the new name of		
The new name must be distinguishable and contain the	words "Limited Liability Company." the d	designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
		SECT S
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 r	E S 75 FLAT 59
agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	James Weseman	
New Registered Office Address:		
	Enter Floi	rida street address
	· · · · · · · · · · · · · · · · · · ·	
	('irv	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

N1969 Tango LLC

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	John H McGlynn III	1409 Fryston St	
		ST Johns FL 32259	
			□Change
AMBR	Paul Williams	2407 Clemson RD	≅ Add
		Jacksonville. FL 32217	= Remove
			□Change
	*		□Add
			□ Rелюче
			□Add
			Петюve
			□ Change
			⊡ Add
			□Remove
			Change
			CRemove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effec <u>Note:</u> - L	e date, if other than the date of filing:
d is file	
Dated _	Aug. 5, 2022 Signature of a member or authorized representative of a member James Weseman Typed or printed name of signee
	Q a. N
	Signature of a member or authorized representative of a member
	James Weseman
	Typed or printed name of signee

Filing Fee: \$25.00