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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DENTONS, COHEN, GRIGSBY, P.C.

Account Number: I20030000042 : (239)390-1912 : (412)209-1919 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: juan.bendeck@dentons.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TWILIGHT TANGO LLC

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K. SALY

SEP 1 1 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TWILIGHT TANGO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization Florida document number	on for this Limited Liability Comp L24000136403	any were filed on 03/19/2024	and assigned	
This amendment is submitt	ed to amend the following:			
A. If amending name, en	ter the new name of the limited	liability company here;		
The new name must be distingu	shable and contain the words "Limited L	iability Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offic	es address, if applicable:	 		
(Principal office address A	AUST BE A STREET ADDRESS	2		
Enter new mailing addre	ss, if applicable:			
(Mailing address MAY BE	A POST OFFICE BOX	,		
0 0	ered agent and/or registered offi stered office address here:	ce address on our records, <u>en</u>	iter the name of the new registered	
Name of New Ro	ristered Agent:			
New Registered (Office Address:	Enter Florida etreet address		
			, Florida	
		City	Zip Code	

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

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

(((H24000307204 3)))

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

Title	Name	<u>Address</u>	Type of Action
AMBR	BRADY A. WEBB	5314 SKYLINE DR	
		CAPE CORAL, FL 33914	≅Remove
			☐ Change
			□Add
			□Remove
			Change
			ORAMOVE TO Change
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be poster. Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	plicable statutory fil	(option more than 90 days after ing requirements, this	filing.) Pursuant to 605.0207
e record specifies a delayed effective date, but not an effective date, but not an effective distilled.	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
Dated SEPTEMBER 9 2024			
(m() Ps.	·		
Signature of a momber or a	uthorized representati	ve of a member	
1 7			

Filing Fee: \$25.00