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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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WALK IN

	PICK	UP: 4/19 Glinda
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
ХХ	FILING	LLC AMEND
	BENJAMIN LEE FIT	
	(CORPORATE NAME AND DOCUME	ENT #)
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COVER LETTER

TO: Registration S Division of Co			
BENJAM	IN LEE FITCH LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BENJAMIN FITCH		
	<u>-:</u>	Name of Person	
	BENJAMIN LEE FITCH	I.LC	
		Firm/Company	
	2198 HAGOOD LOOP		
		Address	
	CRESTVIEW, FL 32536		
		City-State and Zip Code	
	FITCH1986.RF@GMAII	aCOM to be used for future annual report note	ficultion
For further information	concerning this matter, please e		
BENJAMIN FITCH		at (850) 737-0273	
Name	of Penon		e Telephone Sumber
Enclosed is a check for	the following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Centificate 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)

MAILING ADDRESS:

TO: '

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 2021 APR 19 PM 3: 09

BENJAMIN LEE FITCH LEC

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

The Articles of Organization for this Limited Liability Company	y were filed on 21 JAN	2020 and assigned
Florida document number 1.2000025798		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "LLC" of the abbreviation "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sn	ect address
		, Florida
	Ciộ	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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 = 0 $AMBR = 0$	Manager Authorized Member	•	
<u>Title</u>	Name	Address 2021 APR 19 PH 3: 09	Type of Action
<u>AR</u>	MICHELLE FITCH	· · · · · · · · · · · · · · · · · · ·	🗖 Add
		2198 HAGOOD LOOP CRESTVIEW, FL 32536	⊠ Remove
			Change
MGR	BENJAMIN FITCH	2198 HAGOOD LOOP CRESTVIEW, FL 32536	⊠ Add
			☐ Change
			☐ Remove
			□ Add
			☐ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			D Change

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	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to be does not meet the applicable statutory filing requirements, this date will not be I	
e record specifies a delayed ef The 90th day after the record	fective date, but not an effective time, at 12:01 a.m. on the earlis filed.	rlier (
ited 17 APRIL	. 2021	

Page 3 of 3

Filing Fee: \$25.00