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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

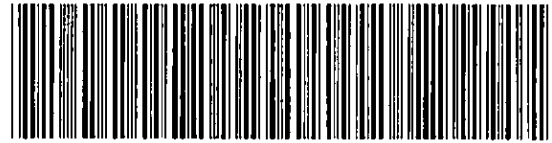
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7
DIRECTOR
REGISTRATION
DIVISION
TALLAHASSEE, FLORIDA

RECEIVED
2023 MAR 14 PM 1:29

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Fitcher Group LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Return all correspondence concerning this matter to the following:

Michael Fitcher
Name of Person

Fitcher Group LLC
Firm/Company

52 Tuscan Way Ste 202-105
Address

St. Augustine FL 32092
City, State and Zip Code

Michael @ fitcher group. com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Fitcher at (904) 536-2273
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

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

Fitcher Group LLC

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

2023 MAR 14 PM 2:53
SECRETARY
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on 1/9/23 and assigned
the document number L23000019717

The amendment is submitted to amend the following:

1. 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 "L.L.C."

2. New principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

3. New mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

4. 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 office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

dated 3/4/23

Signature of a member or authorized representative of a member

Michael Fitcham
Typed or printed name of signer