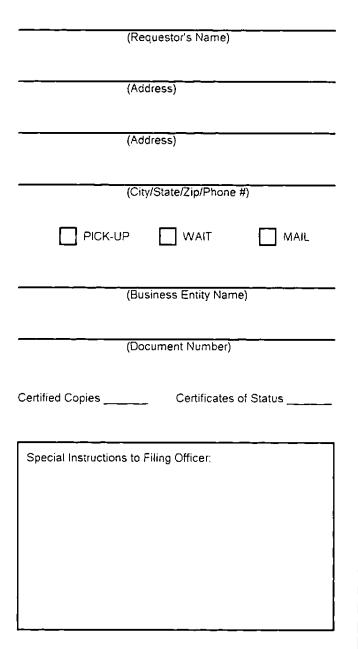
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Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	ISLAND (TATCH GROUP LLC				
	Name of Lim	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Pier S. Bjorklund					
		Name of Person				
	Island Catch Group LLC					
		Firm/Company	<u> </u>			
	222 Lakeview Avenue, Ste	. 800				
	· · · · · · · · · · · · · · · · · · ·	Address				
	West Palm Beach, FL 3340)]				
		City/State and Zip Code				
	Advisor@islandcatchseafood.com					
Live Combon to Company		to be used for future annual report no	otification)			
Pot further information (concerning this matter, please e	an,				
Pier S. Bjorklund		at () 379-1220				
Name of Person		Area Code Dayti	me Telephone Number			
Enclosed is a check for t	he 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 tadditional copy is enclosed)			
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	ection			
Division of C	Corporations	Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISLAND CATCE	4 GROUP LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear hability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	March 1, 2024	and assigned
Florida document number 1.24000106334			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	esignation "I.I.C" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			2024 N
		<u> </u>	AY _
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our r	ecords, <u>enter the</u> (name of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida street 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

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>	<u>Name</u>	Address	Type of Action
AMBR	Blue Catch Seafood Group Inc.	222 Lakeview Avenue, Suite 800	⊒Add
		West Palm Beach, FL 33401	≡ Remove
			□Change
AMBR	Birch First Holdings LLC	222 Lakeview Avenue, Suite 800	= Add
		West Palm Beach, FL 33401	□Remove
			□ Change
			□Add
			□Remove
			= Change
			= Add
			□Remove
			\(\sum_\)Change
		 	= Add
			Remove
			□ Change
			
			□Remove
			□Change

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