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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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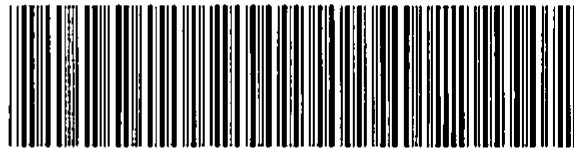
(Business Entity Name)

(Document Number)

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2024 APR 18 AM 5:11  
SECRETARY OF STATE  
DIVISION OF REVENUE

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FITZ CONSULTATION GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER FITZSIMMONS

Name of Person

FITZ CONSULTATION GROUP LLC

Firm/Company

1869 RUSTIC FALLS DR

Address

KISSIMMEE FL 34744

City/State and Zip Code

FITZCONSULTINGGROUPLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER FITZSIMMONS 407 577-5408  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FITZ CONSULTATION GROUP LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/08/2024 and assigned Florida document number 224000118296

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Fitz Consulting Group LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1869 Rustic Falls Dr  
Kissimmee FL 34744  
FILED  
APR 18 AM 5:11

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 records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Christopher Fitzsimmons

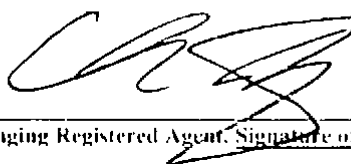
New Registered Office Address:

1869 Rustic Falls Dr. Kissimmee  
Enter Florida street address

Kissimmee Florida 34744  
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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Case	Initial State	Final State	Operation
1	...	...	<input type="checkbox"/> Add
2	...	...	<input type="checkbox"/> Remove
3	...	...	<input type="checkbox"/> Change
4	...	...	<input type="checkbox"/> Add
5	...	...	<input type="checkbox"/> Remove
6	...	...	<input type="checkbox"/> Change
7	...	...	<input type="checkbox"/> Add
8	...	...	<input type="checkbox"/> Remove
9	...	...	<input type="checkbox"/> Change
10	...	...	<input type="checkbox"/> Add
11	...	...	<input type="checkbox"/> Remove
12	...	...	<input type="checkbox"/> Change
13	...	...	<input type="checkbox"/> Add
14	...	...	<input type="checkbox"/> Remove
15	...	...	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

name change - typo when registering  
Fitz Consultation Graphic is  
wrong. It's Fitz Consulting Graphic.

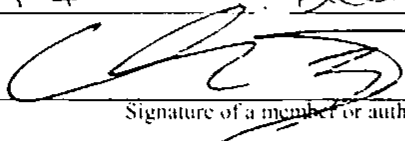
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 15<sup>th</sup> 2024



Signature of a member or authorized representative of a member

Christopher Fitzsimmons

Typed or printed name of signee

Filing Fee: \$25.00