

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

LA100053250

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000228151 3)))



H230002281513ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : API PROCESSING
 Account Number : I20110000069
 Phone : (954)567-0013
 Fax Number : (954)567-3401

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

Email Address: kathy@apiprocessing.com

RECEIVED

2023 JUN 27 PM 2:23

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 COMFORT PRO SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 JUN 27 AM 8:13

T. LEMIEUX

JUN 28 2023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

COMFORT PRO SERVICES 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 12/20/2021 and assigned
Florida document number L21000533250

This amendment is submitted to amend the following:

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

LAUNCHPAD SERVICES L.L.C.

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:

1854 MACKLIN STREET NW

(Principal office address MUST BE A STREET ADDRESS)

PALM BAY, FL 32907

Enter new mailing address, if applicable:

1854 MACKLIN STREET NW

(Mailing address MAY BE A POST OFFICE BOX)

PALM BAY, FL 32907

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:

New Registered Office Address:

1854 MACKLIN STREET NW

Enter Florida street address

PALM BAY

City

Florida

32907

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	THEODORE A. MORGAN	1854 MACKLIN STREET NW	<input checked="" type="checkbox"/> Add
		PALM BAY, FL 32907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADRIAN YOUNG	1854 MACKLIN STREET NW	<input type="checkbox"/> Add
		PALM BAY, FL 32907	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	THERESA YOUNG	1854 MACKLIN STREET NW	<input type="checkbox"/> Add
		PALM BAY, FL 32907	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

