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LORETARY OF STATE

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COVER LETTER

	stration Sect sion of Corpo	
	LaunchCorp	
SOBJECT.		Name of Limited Liability Company
The enclosed	Articles of A	mendment and fee(s) are submitted for filing.
Please return	all correspond	dence concerning this matter to the following:
		John Annunziata
		Name of Person
		LaunchCorp LLC
		Firm/Company
		8202 Wiles Road #127
		Address
		Coral Springs, FL 33067
		City/State and Zip Code
		CCHCORP@PROTONMAIL.COM
		E-mail address: (to be used for future annual report notification)
For further in	formation con	ncerning this matter, please call:
JOHN ANNU	JNZIATA	754 702-7121 at ()
	Name of F	Person Area Code Daytime Telephone Number
Enclosed is a	check for the	following amount:
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

(Name of the Lin	nited Liability Comna	ny as it now appears on our re	cords.)			
ATHRIX AS SHE PAIR	(A Florida Limited I	ny as it now appears on our rec Liability Company)	r.3			
The Articles of Organization for this Limited Florida document number L15000208155	were filed on 12-15-16	and assigned				
This amendment is submitted to amend the fo	RY OF S					
A. If amending name, enter the new name	of the limited liab	ility company here:	OR P			
CAPITAL CONCEPTS & HOLDINGS LLC			8 H 8			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "				
Enter new principal offices address, if applicable:		8202 WILES RD				
(Principal office address MUST BE A STREET ADDRESS)		#127				
		CORAL SPRINGS, FL 33067				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8202 WILES RD #127				
		CORAL SPRINGS, FL 33067				
		CORAL SPRINGS, FL 33	067			
B. If amending the registered agent an registered agent and/or the new registered Name of New Registered Agent: New Registered Office Address:	_	ffice address on our rece e:	ords, <u>enter the name of the ne</u>			
registered agent and/or the new registered Name of New Registered Agent:	InCorp Service	ffice address on our reco e: es, Inc.	ords, <u>enter the name of the ne</u>			

New Registered Agent's Signature, if changing Registered Agent:

LaunahCam II.C

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.

JANICE NULL OBO InCorp Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

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Effective date, if other than (If an effective date is listed, the date)	e must be specific and cann	ot be prior to date of filin	g or more than 90 days	ptional) after filing.) Purs	nuant to 605.020
Note: If the date inserted in the document's effective date on the	he Department of State'	the applicable statutory s records.	tiling requirements,	this date will i	not be listed a
the record specifies a del The 90th day after the		, but not an effect	rive time, at 12:0	ol a.m. on t	he earlier o
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	Signature of a memb	per or authorized represen	ntative of a member	MAH DEST AHA	n
JOHN ANNUNZI				TAR ASS	
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Filing Fee: \$25.00