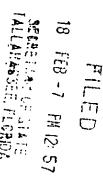


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PICK-UP	(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) cies Certificates of Status tructions to Filing Officer:	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LAUNCH LEARNING CENTER, 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:
MARIA P GRANATUSKY Name of Person
LAUNCH LEARNING CENTER Firm/Company
3445 ROSEHAVEN PL
Titusuille FL 32796 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA GRANATOSKY at (321) 385-1824 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (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

LEARNING CENTER

LAUNCH

(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
the Articles of Organization for this Limited Liability Comforida document number $\angle 1700017802$,	17 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u>SS)</u>	
		
nter new mailing address, if applicable:		
Muiling address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registeregistered agent and/or the new registered office addres		er the name of the n
Nama of Naur Dagiotarad Agants		F-3 6
Name of New Registered Agent:		Fan Co
New Registered Office Address:	Enter Florida street address	
	, Florida	
-	City Piorida	C Zip Code
w Degistered Agent's Signature if changing Pegistered A	dont	·····································

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 Type of Action Title Address Name MICHAEL K GRANATUSKY MGR 3645 RoseLawer PC Remove
Titusuille FL 3274 (USA) Change ______ Add ☐ Remove ☐ Change ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add _□ Remove _____ Change

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Filing Fee: \$25.00