118000058291

(Requestor's Name) (Address)	300371409173				
(Address) (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL (Business Entity Name)	08/12/2101018010 ** 55.00				
(Document Number) Certified Copies Certificates of Status	2021 (EP 14				
Special Instructions to Filing Officer:	FX 3: 20				
Office Use Only	Hnuchd Michiechs				

SEP 2 0 2021 I ALBRITTON



August 25, 2021

STEPHEN MUNSON 150 EAST COLUMBIA LANE STE. 1 COCOA BEACH, FL 32931

SUBJECT: HEAL REALTY LLC Ref. Number: L18000058291

We have received your document for HEAL REALTY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000008479 - LAUNCH LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00020515

Irene Albritton Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration So Division of Co	10/31/19			
	Heal Realty LLC			
SUBJECT:	Name of Lim	ited Liability Company	==== #21 SEP 14 AM 7: 34	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	·	
Please return all correspondent	ondence concerning this matter	to the following:		
	Stephen Munson			
		Name of Person		
	Launch Worldwide LLC			
		Firm/Company		
	150 East Columbia Lane S	uite !		
		Address		
	Cocoa Beach Florida 3293	1		
		City/State and Zip Code		
	stephenmunson@gmail.con	1		
	E-mail address: (to be used for future annual report notification	n)	
For further information	concerning this matter, please c	all:		
Stephen Munson		321 7303000 at ()		
Name	of Person		phone Number	
Enclosed is a check for	the 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 (additional copy is enclosed)	
Mailing Addre Registration		Street Address: Registration Section		
Division of G	Corporations	Division of Corpora	tions	
P.O. Box 63		The Centre of Tallah		
Tallahassee.	FL 32314	2415 N. Monroe Str	eet, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Heal Realty LLC		φ? ₁		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.)	<u> </u>		
A riorida Linnica	Mabinty Company)			
The Articles of Organization for this Limited Liability Company	were filed on <u>03/05/2018</u>	and assigned		
lorida document number L18000058291		<i>ب</i> بَ		
iorida document municer		20		
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company <u>here</u> :			
aunch Worldwide LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	150 East Columbia Lane Suite 1			
Principal office address MUST BE A STREET ADDRESS)	Cocoa Beach Florida 32931			
Enter new mailing address, if applicable:	150 East Columbia Lane Suite 1			
Mailing address MAY BE A POST OFFICE BOX)	Cocoa Beach Florida 32931			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registe		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Florida			

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.

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being authorized from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LAUREN BARLEY	1 NORTH 1ST STREET #5	□Add
		COCOA BEACH FLORIDA 32931	
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			[] Change
			□Add
			□Remove
			□Change
			□Remove
			Change
		 	□Add
			□Remove
			□Change

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Note: If the	date inserted in t	In the date of finate must be specific this block does not the Department of	ot meet the	applicable	ate of filing o	r more than 9 ling require	(optio 0 days after ments, this	filing.) Pursua	nt to 605,0207 t be listed as
e record spec rd is filed.	fies a delayed e	ffective date, but	not an effec	ctive time,	at 12:01 a.r	n. on the ea	rlier of: (b)	The 90th o	day after the
SEPT	EMBER 1		2021						
Dated									
	•	Sto	D_{a}	1/1	///_				
_		Signature o	f a member o	or authorize	ed representat	ive of a mem	iber		
	LEPHEN MUNS								