## L22000021023

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SECRETARY OF STATE
TALLAHASSEF, E

## **COVER LETTER**

TO:	Registration Section Division of Corpora		
SUBJI	Launch Develop	oment LLC	
SUBJI	ECT:	Name of Limited Liability Company	
The en	closed Articles of Ame	ndment and fee(s) are submitted for filing.	
Please	return all corresponder	ce concerning this matter to the following:	
	:	Vatthew L. Grabinski, Esq.	_
		Name of Person	-
	•	Coleman, Yovanovich & Koester, P.A.	_
		Firm/Company	-
		DOI Tamiami Trail N., #300	
Address		-	
	1	aples, Florida 34103	202 SE
	-	City/State and Zip Code	2022 OCT 12 SEGRETAEN
	<del></del> -	E-mail address: (to be used for future annual report notification)	18/3 12/3 12/3
For fur	ther information conce	ning this matter, please call:	
Matthe	ew L. Grabinski, Esq.	239 435-3535 at ( )	H 20 STATE STATE
	Name of Pers		<u> </u>
Enclose	ed is a check for the fo	lowing amount:	
<b>■</b> \$2:	5.00 Filing Fee	(additional copy is enclosed) Certified	ite of Status &
	Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	Division of Corporations The Centre of Tallahassee	310

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Launci	h Development LLC		
	(Name of the Limited Liability (A Florida I	Company as it now appears on our limited Liability Company)	records.)	<del></del>
· · · · · · · · · · · · · · · · · · ·		mpany were filed on January 4, 2	022	and assigned
lorida document number L2	2000021023	<del>-</del>		
his amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limit	ed liability company here:		
he new name must be distinguish	able and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices	address, if applicable:			_
Principal office address M	<u>ST BE A STREET ADDRE</u>	<u></u>		
			SECRE	2022 OCT
Enter new mailing address	• •		<u> </u>	2
Mailing address MAY BE A	POST OFFICE BOX)		ASSE	U 171
3. If amending the register gent and/or the new register		office address on our records, <u>e</u>	<del></del>	
Name of New Regis	tered Agent:			
New Registered Off	ice Address:			
		Enter Florida street o	nddress	
			Florida	
		City		Lip Code
provisions of all statutes rel accept the obligations of my	nent as registered agent an ative to the proper and con position as registered age a change in the registered	Agent: ad agree to act in this capacity applete performance of my dution ant as provided for in Chapter of fifice address, I hereby confir	es, and I am fam 605, F.S. Or, if t	iliar with and his document is
		If Changing Registered Agent, Signa	ture of New Registe	red 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>	Type of Action
MGR	Daniel S. O'Berski	3594 Broadway, Suite 130	□Add
		Fort Myers, FL 33901	□Remove
			= Change
AMBR	Travis J. Walklett	3594 Broadway, Ste 130	□Add
		Fort Myers, FL 33901	■Remove
			□Change
<del></del>			□Add
			□ Remove
			SI CRE IVARY
			Remove Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

D. If am	ending any other it	oformation, enter change(s) here: (Attach additional sheets, if necessary.)	
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		TO ARE	022 OC
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(If an ef <u>Note:</u>	fective date is listed, the If the date inserted in	an the date of filing:	
If the reco		effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	ı day after the
Dated	October 11	. 2022	
		Signature of a member or authorized representative of a member	
	Matthew L. Gra	binski, Esq., Authorized representative of a member	
		Typed or printed name of signee	

Filing Fee: \$25.00