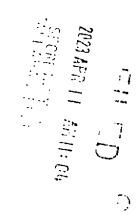
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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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### FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

04/11/23

NAME:

JMA LAUNCHPAD LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

# **COVER LETTER**

Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor				
JMA Launc	*			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ndence concerning this matter			
	Bruce Brashear			
		Name of Person		
	Brashear & Assoc, PL			
		Firm/Company		
	1314 NW 94 St			
		Address		
	Gainesville, F1, 32606			
		City/State and Zip Code	<del></del>	
	BBrashear@NFlaLaw.com	to be used for future annual report noti	7	
Car further information o	er-man address: ( oncerning this matter, please of		meanon	
	oncerning this matter, prease es			
Bruce Brashear		352 339-8237 at ()	ne Telephone Number	
Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Addres	is:	Street Address:		
Registration S	Section	Registration Se		
Division of C P.O. Box 632	•	Division of Cor The Centre of T	•	
F.O. DOX 002	. 1	THE CERTE OF	i arrantasocc	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

# Markey 11 Marinon ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JMA Launchpad LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

New Registered Office Address:	Enter Florida street a	ddress
Name of New Registered Agent:		
<ol> <li>If amending the registered agent and/or registered office and/or the new registered office address here:</li> </ol>	e address on our records, <u>e</u>	nter the name of the new register
Mulling undress MAT DE AT OST OTTICE BOX		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
Principal office address MUST BE A STREET ADDRESS)		··-
Enter new principal offices address, if applicable:		<u>.                                    </u>
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
ames Moore Advisory LLC		
A. If amending name, enter the new name of the limited li	ability company here:	
This amendment is submitted to amend the following:		
Florida document number L22000444062		
1.220004.1306.2		and assigned

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

Title .	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
		<del></del>	□Change
		<del></del>	□Add
			□Remove
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Effective date, if other than the offective date is listed, the date many mote: If the date inserted in this bedocument's effective date on the I	ast be specific and cannot block does not meet the	e applicable statutory	g or more than 90 days		
e record specifies a delayed effecti rd is filed.	ve date, but not an effi	ective time, at 12:01	a.m. on the earlier o	f: (b) The 90th day	after the
	202	3			
Dated April 10	. 202.	·			
Dated April 10  Suzann E	Pu	r or authorized represen	ntative of a member		-

.

Filing Fee: \$25.00

#### **COVER LETTER**

Div	vision of Corp	orations		
SUBJECT:	JMA Launch	pad LLC		
	**	Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please returi	n all correspond	dence concerning this matter	to the following:	
		Bruce Brashear		
		_	Name of Person	
		Brashear & Assoc, PL		
		<del></del>	Firm/Company	
		1314 NW 94 St		
			Address	
		Gainesville, FL 32606		
			City/State and Zip Code	
		BBrashear@NFlaLaw.com	to be used for future annual report	notification)
For further i	nfurmation car	n-man address. (		mattication)
		icerting this matter, please co		_
Bruce Brash			352 339-8237 at ()	
	Name of F	Person	Area Code Day	ytime Telephone Number
Enclosed is	a check for the	following amount:		
<b>■</b> \$25.00 I	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)
<u>Ma</u>	iling Address:		Street Address	<u>.</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303