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(Re	equestor's Name)	
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COVER LETTER

	ision of Corp				
SUBJECT:		LAUNCE	H.COM LLC		
oodet.		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
			Sonia Becerra		
			Name of Person		
	Swyft Filings				
			Firm/Company		
	3 Greenway Plaza #1320				
			Address		
			Houston, TX 77046		
			City/State and Zip Code		
			@legalcorpsolutions.com to be used for future annual report notif	(cation)	
For further in	formation co	oncerning this matter, please of	•		
TOT ILITAIC: III	normation ex	meering and made, prease of	uet.		
Sonia Becerra Name of Person			at ()	Telephone Number	
	Name of	rerson	Area Code Dayunk	reiepuone Number	
Enclosed is a	check for th	e following amount:			
№ \$25.00 F	iling 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

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LAUNCH COM LLC

LAUNCH.COM	ILLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as It now appear iability Company)	3 on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	11/06/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company he	<u>:re</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on oar r	ecords, <u>enter the name</u>	of the new register
Name of New Registered Agent:		·	
New Registered Office Address:			
New Registered Office Address.	Enter Flor	ida street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	pe <mark>rforman</mark> ce of provided for in C	my duties, and I am fa Chapter 605, F.S. Or, i	miliar with and f this document is

X 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

<u>Title</u>	Name	Address	Type of Action
AMBR	Victor Galloway	1601-1 N MAIN ST #3159	X Add
		JACKSONVILLE, FL 32206	
			□ Change
			JAdd
			Remove
			Change
			🗀 Add
		□Remove	
			Change
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(If an effe <u>Note:</u> I	we date, if other than the date of filing; ctive date is listed, the date must be specific and of f the date inserted in this block does not me int's effective date on the Department of Sta	cannot be prior to date of t eet the applicable statut	(option filing or more than 90 days after fi tory filing requirements, this o	ling.) Pursuant to 605.0207 (3)
If the record record is file	specifies a delayed effective date, but not a	an effective time, at 12:	01 a.m. on the earlier of: (b)	The 90th day after the
Dated _	12/19/2023			
	Tarcisia Mascimenta			
•	¥ ()www.menuw	ember or authorized repri		

Filing Fee: \$25.00

Typed or printed name of signee