N15000000306

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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Launch (3)	obal, Ihc	
DOCUMENT NUMBER: N15000000	306	
The enclosed Articles of Amendment and fee are submit	ted for filing.	
Please return all correspondence concerning this matter t	o the following:	
•	_	
Lisa Balcerzak (A		
()	ame of Contact Person)	
Launch Global, Inc	_	
	(Firm/ Company)	
19601 Ben Hill Grif	fin Pkwy	
	(Address)	
Fort Myors, FL 3	3913	
(C	ity/ State and Zip Code)	
Lisa. balcerzak @ E-mail address: (to be used) for	Summittife.com	
E-mail address: (to be used)fo	r future annual report notification)	
For further information concerning this matter, please ca	II:	
Lisa Balcerzalc	at 239 · 222 - 8474	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:	
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Launch Global, Inc		
(Name of Corporation as currently filed with the Florida I	Dept. of State)	
N 15000000306		
	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the corporat	<u>ion:</u>	
NIA		The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "C	orp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) <u>VIA</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent: Kyle	Balcerzak	<u>.</u>
New Registered Office Address:	Ol Ben Hill Griffin Pku (Florida street address))
FOR	- Myers Florida Zip Coo	33913_ de)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obligations of the pos	ition.
——————————————————————————————————————	gnahire of New Registered Agent, if changing	
11/1	gianare of iven weginered agein, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike John S SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Michael Tibbetts	19601 Ben Hill Griffi Fort Myers, Fl 33917
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee		(Be specific)	
NA			

The date of each amendment(s) adoption: N A	, if other than the
Effective date if applicable: 6 29 2022 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 6-29-2022
Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Director, Treasurer (Title of person signing)

2027 JUL 20 FH 6: 24