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SECRETARY OFFISTATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

NOV 08 2011

*⁺***COVER LETTER**

Division of Co	rporations				
SUBJECT:	CAPTION M	EDIA GROUP, LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		ALVARO CASTILLO Name of Person			
		Name of Person			
ALVARO CASTILLO B. P.A.					
		Firm/Company			
1390 BRICKELL AVENUE SUITE 200				ZOI TAL	
		Address		AR SO	energy.
MIAMI FLORIDA 33131			2011 NOV - 7 SECRETARY TALLAHASSI	F	
City/State and Zip Code				[1] ····································	
		alcapa@aol.com to be used for future annual report notificat	·	AM 8:	€
For further information of	e-mail address: ()		ion)	: 28 ATE IRIDA	
Al	varo Castillo	at (305) 37	' 1-5540		
Name o	of Person	Area Code & Daytime T	elephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	i)
MAILING ADDRESS: Registration Section		STREET/COURIER Registration Section	ADDRESS:		

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

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAPT	<u>ION MEDIA GROUP, I</u>	LLC	
(<u>Name of the Limited L</u> (A F	iability Company as it now appe lorida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liab	• • • • • • • • • • • • • • • • • • • •	July 29, 2011	and assigned
Florida document numberL110000877	91		
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicat	ole:	· · · · · · · · · · · · · · · · · · ·	PEC = -
(Principal office address MUST BE A STREET	ADDRESS)		HE Q
Enter new mailing address, if applicable:			7 AM 8:
(Mailing address MAY BE A POST OFFICE B	<u> </u>		28
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	E	Enter Florida street add	ress
		, Florida	
	City		Zip Code

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Address Name MGR Luis Farias 1390 Brickell Avenue ☐ Add ✓ Remove Suite 200 Miami, Florida 33131 Carmen R. Nunez-Machad MGR 1390 Brickell Avenue ✓ Add Suite 200 Remove Miami, Florida 33131 _ Add Remove □Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 6 Dated ____ Signature of member of au ed representative of a member Carmen R. Minez-Machado Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00