## 48000 255628

(Requestor's Nam	e)			
(Address)				
(Address)				
(City/State/Zip/Pho	one #)			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certifica	tes of Status			
Special Instructions to Filing Officer:				
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	tration Section on of Corporations
	OLLIN PLUMMER LLC
SUBJECT: _	Name of Limited Liability Company
The enclosed A	articles of Amendment and fee(s) are submitted for filing.
Please return a	If correspondence concerning this matter to the following:
	COLLIN PLUMMER
	Name of Person
	COLLIN PLUMMER LLC
	Firm/Company
	10446 CARLOWAY HILLS DR
	Address
	WIMAUMA, FLORIDA, 33598
	City/State and Zip Code
	ELEERUSSELL45@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
CONTINUES	MMED 913 766 4117

COLLIN PLUMMER Daytime Telephone Number Name of Person Area Code

Enclosed is a check for the following amount:

**≡** \$25,00 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)

Mailing Address:

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

Street Address:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLLIN PLUMMER LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on 10/31/2018	and assigned
Florida document number 1.18000255628		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
CAP COMMUNICATIONS LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		70
		20/0 HAY
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		28
Enter new mailing address, if applicable:		70:
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> ,
		,~
B. If amending the registered agent and/or registered office ac	ldress on our records, <u>enter the</u>	name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
New Neglistered Villee Address.	Enter Florida street address	
	. Floric	ła
	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 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.

Immending 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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			□Remove
		<del></del>	□Change
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		<del></del>	□Remove
			□ Change

8:00 AM

Signature of a member or authorized representative of a member

Typed or printed name of signee

C. Plummer