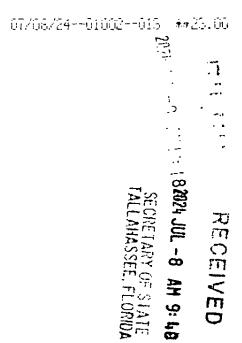
## L19000255628

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

Office Use Only



000431200130





## COVER LETTER

TO:	Registration Se Division of Cor		·			
SUBJEC	CT	CAP COMMUNICATIONS LLC				
SUBJE	C1	Name of Lim	ited Liability Company	<del></del>		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		COLLIN PLUMMER				
Name of Person						
CAP COMMUNICATIONS LLC						
Firm/Company						
10446 CARLOWAY HILLS DR						
			Address	· · · · · · · · · · · · · · · · · · ·		
		WIMAUMA, FLORIDA	33598			
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		ELEERUSSELL45@GMA				
		E-mail address: (	to be used for future annual report notifi	cation)		
For furth	ner information c	oncerning this matter, please c	all:			
COLLI	N PLUMMER		813 766-4117			
Name of Person		f Person	Area Code Daytime	Telephone Number		
Enclosed	d is a check for th	ne following amount:				
<b>■ \$25</b>	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration S		Street Address: Registration Sec	tion		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

	OI*	In the second
CAP COMMUNICATIONS LLC		<del>,</del>
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our record a Limited Liability Company)	· <u>s.</u> ) -3!::18
he Articles of Organization for this Limited Liability C	Company were filed on 10/31/2018	and assigned
orida document number L18000255628	_·	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
AP REVIVAL CARE LLC		
ne new name must be distinguishable and contain the words "Lim	aited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDI	RESS)	
nter new mailing address, if applicable:	- 4.2	
failing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered	d office address on our records, <u>enter</u>	the name of the new register
zent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	S
		orida
	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.

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
			□Add
			□Remove
		<del></del>	☐ Change
		<del> </del>	□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
		<u> </u>	□Add
			□Remove
			∏("hongo

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 07/02/2024 Dated \_\_\_\_ 8:00 AM Signature of a member or authorized representative of a member C. Plummer Typed or printed name of signee