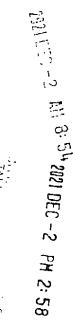
L21000502411

(Re	questor's Name)		
- (Ad	dress)		
(Add	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		

Office Use Only



000377012240



Manie Chg

DEC 03 2021 I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/02/2021		~WALK IN~
ENTITY NAME CAP	TIVE COMMUNICATION, LLC	
DOCUMENT NUMBER	\	
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	**
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA	ATION	
NUMBER OF CERTIFIC	PATES REQUESTED	
TOTAL OWED \$25.	00 ACCOUNT #: I201600	000072

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Captive Communication LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/23/2021 Florida document number L21000502417 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Captivating Communication LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Enter Florida street address

_, Florida ___

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 Title Name Address **Type of Action** _____ □Remove _____ 🗆 🗸 🗆 🗸 🗖 Add □Remove ______Add _____ □Remove _____ □Change _____ 🗀 Add ______ Remove _____ □Change ______ □ Add _____ Change □Remove _____ Change

Page 2 of 3

··				
	., .	·		
		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
				···
	** **			
	,		*****	
	_			
				_
			·· ··	

Effective date, if other than the date if an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the appl	or to date of filing or micable statutory filin	(optional) fore than 90 days after filing g requirements, this date	.) Pursuant to 605.020' will not be listed as
ne record specifies a delayed e The 90th day after the recor	effective date, but r d is filed.	not an effective t	ime, at 12:01 a.m.	on the earlier o
Dated February 14th	2022			
Dated				
Dated		mily Escorcia		
	ignature of a member or au	mily Cacorcia thorized representative	of a member	

Filing Fee: \$25.00