## L150000 11866

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## **COVER LETTER**

TO: Registration So Division of Cor		و ۵	
Captain Be	ez LLC	:	
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mohamed El Fowy		
		Name of Person	<u> </u>
	Captain Beez LLC		
		Firm/Company	_
	3710 Arcade Trail Apt#30	06	
		Address	_
	Lutz, Florida 33548		
	mohamed.fowy@gmail.con	City/State and Zip Code	_
		to be used for future annual report notification)	
For further information of	oncerning this matter, please c	all:	
Mohamed El Fowy		727 4958696 at ( )	9
Name o	f Person	Area Code Daytime Telephone Nun	nber co
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Captain Beez LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000011866}{L15000011866}$ .	were filed on 01/20/2015	and assig	gned
riorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Agylz LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)			
		<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	M		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the na</u>	ime of the new	registered
		217	<del></del>
Name of New Registered Agent:			:
		<u> </u>	<u>יי</u>
New Registered Office Address:	Enter Florida street address	=======================================	
		<u>;</u> œ	لمد.
	, Florida _	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 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
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
		· ·	□ Remove
			□Change
			□Remove
			□Change
			□Remove
			□ Change

reflective 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.  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste trument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after stilled.  The specifies and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after stilled.		····			
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