

L12000059954

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

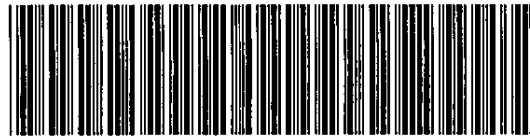
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/08/16--01033--000 **35.00

FILED
16 AUG 22 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2 Brothers Mobile Auto Repair, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wilfred Bureau

Name of Person

2 Brothers Mobile Auto Repair, LLC

Firm/Company

1210 South Federal Hwy, Suite 102

Address

Boynton Beach, FL 33435

City/State and Zip Code

Julie@aaptax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilfred Bureau

Name of Person

at (561)

Area Code

396-4575

Daytime Telephone Number

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:

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

STREET/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2016

2 BROTHERS MOBILE AUTO REPAIR, LLC
1210 SOUTH FEDERAL HIGHWAY SUITE 102
BOYNTON BEACH, FL 33435

SUBJECT: 2 BROTHERS MOBILE AUTO REPAIR, LLC
Ref. Number: L12000059954

2016 AUG 22 PM 3:59
TALLAHASSEE, FLORIDA

We have received your document for 2 BROTHERS MOBILE AUTO REPAIR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 116A00016913

FILED
16 AUG 22 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2 Brothers Mobile Auto Repair, 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 5/3/2012 and assigned
Florida document number L12000059954

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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15 AUG 22 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

Enter Florida street address

_____, 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Bureau, MarkesL	1210 S. Federal Hwy, Ste 102 Boynton Beach Fl 33435	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 22 PM 12:19
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(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)

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.

Wm

Wilfred Bureau

SECRETARY OF STATE
TALLAHASSEE, FLORIDA