

L24000430216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

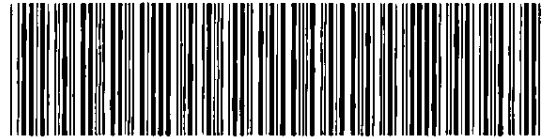
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
NOV 22 2024

Office Use Only



100438746261

100438746261  
11/01/24--01014--001 \*\*25.00

FILED  
2024 NOV -1 PM 12:08  
FBI/DOJ

Hunter

FLORIDA DEPARTMENT OF STATE

No. 07683

Date: 11/1/24

RECEIVED FROM: Martin Christopher Sattaur

the sum of Twenty Five — Dollars \$ 25

For the following: Amendment

Z Brothers Auto 17 LLC

100438746261  
11/01/24--01014--001 \*\*25.00

V. Herring  
for Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2 Brother's Auto 17 L.L.C  
\_\_\_\_\_  
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:

Martin Christopher Sattaur  
\_\_\_\_\_  
Name of Person  
  
2 Brother's Auto 17 L.L.C  
\_\_\_\_\_  
Firm/Company  
  
9873 Lawrence Rd , Apt H-201 , Boynton Beach  
\_\_\_\_\_  
Address  
  
33436  
\_\_\_\_\_  
City/State and Zip Code  
  
Martinsattaur17@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martin Christopher Sattaur      561      561-829-3770  
\_\_\_\_\_  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

2 Brother's Auto 17 L.L.C

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2024 NOV -1 PM 12:08

The Articles of Organization for this Limited Liability Company were filed on 10/07/2024 and assigned  
Florida document number 1.24000430216.

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)**

**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>
AP	Christopher Marvin Sattaur	9873 Lawrence Rd, Apt H-201	<input type="checkbox"/> Add
		Boynton Beach - 33436	<input checked="" type="checkbox"/> Remove
		Florida	<input type="checkbox"/> Change
AP	Martin Christopher Sattaur	9873 Lawrence Rd , H-201	<input checked="" type="checkbox"/> Add
		Boynton Beach - 33436	<input type="checkbox"/> Remove
		Florida	<input type="checkbox"/> Change
MGR	Martin Christopher Sattaur	9873 Lawrence Rd, H-201	<input checked="" type="checkbox"/> Add
		Boynton Beach - 33436	<input type="checkbox"/> Remove
		Florida	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

Filing Fee: \$25.00