

L11000055871

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(Business Entity Name)

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2011 AUG 12 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
AUG 15 2011

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Anatomy Promotions, 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:

Adam Lohmann  
Name of Person

Anatomy Promotions, L.L.C  
Firm/Company

5 Fraternity Row  
Address

Gainesville, FL, 32603  
City/State and Zip Code

anatomypromotions@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Adam Lohmann at (561) 703-6756  
Name of Person Area Code & 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:**  
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

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

Anatomy Promotions L.L.C  
**(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 5/11/2011 and assigned Florida document number L11000055871.

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 end with 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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**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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrew Sokolow	5 Fraternity Row Gainesville, FL, 32603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kevin Bryan	5 Fraternity Row Gainesville, FL, 32603	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Albert Berdellans	1002 university ave Gainesville, FL, 32601	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

FILED

Dated August 8, 2011.



Signature of a member or authorized representative of a member

Adam Lohmann  
Typed or printed name of signee