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JUL 0 9 2015



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2015

DAVID BAROUCHE 4101 PINE TREE DR APT 1731 MIAMI BEACH, FL 33140

SUBJECT: STINKY FEET LLC Ref. Number: L14000121583

We have received your document for STINKY FEET LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 515A00009002

SECRETARY OF STATE

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DIVISION OF CORPORATIONS

# **COVER LETTER**

Division of Corporations
SUBJECT: Stinky Feet V. V. 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:
David Barovue Name of Person
Stinky Feet L.C.
4101 Pine Tree Drive Apt 1731
Miani Beach 33140 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Barovche at (
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Box Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

**Registration Section** 

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 15 JUL -9 PM 4: 00

SECRETARY OF STATE DIVISION OF CORPORATION

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

Stinky feet U.U.	
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 8 4 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Anatomy PT L.L.C.  The new name must be distinguishable and end with the words "Limited Liab	
The new name must be distinguishable and end with the words "Limited Liab	oility 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)	301 Arthur Godfrey Rd Svite 500 Miam. Beach 33140
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	"As Above"
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	ge to Registered agent "  17th vr Godf-rey Rd. Svite 500  Enter Florida street address 22.11
New Registered Office Address: 301 A	Enter Florida street address
Miami (	3eau Florida 33140
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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 Went of Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
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If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if ne	ecessary.)	
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Note: If the document's he record	late, if other than the date of filing:  e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after date inserted in this block does not meet the applicable statutory filing requirements, it is effective date on the Department of State's records.  specifies a delayed effective date, but not an effective time, at 12:01 th day after the record is filed.	his date will not b	e listed as th
Dated	7/9/2015		01V
	1 / Me	SECF	SECR TSIO:
•	Signature of a member or authorized representative of a member	NE AR	FIAR F CF C
	T 1 A D 1	第章	
-	David A Barosche	<u> </u>	<b>교</b> 교육
-	Typed or printed name of signee		OF STATE DRPORATIO

Filing Fee: \$25.00