

LO6000080057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

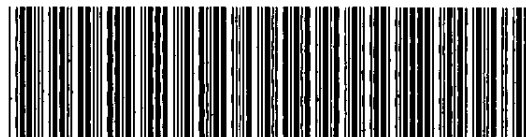
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2008 SEP 18 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. BRUCE
SEP 19 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Truform Canvas + Upholstery, 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:

Jodi Ronen
(Name of Person)

Accu-Tax and Acctg Svcs
(Firm/Company)

130 NE 4th Ave
(Address)

Deerfield Beach, FL 33441
(City/State and Zip Code)

For further information concerning this matter, please call:

Jodi Ronen at 954, 5740081
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2008

JODI RONEN
ACCU-TAX & ACCTG SVCS, INC
130 NE 4TH AVE
DEERFIELD BEACH, FL 33441

SUBJECT: TRUFORM CANVAS & UPHOLSTERY LLC
Ref. Number: L06000080057

2008 SEP 18 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for TRUFORM CANVAS & UPHOLSTERY 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 508A00049532

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

Truform Canvas and Upholstery, 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 8/14/2006 and assigned
Florida document number LOG0000080057

This amendment is submitted to amend the following:

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

DPM Group, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

413 NE 12th Ave

Ft Lauderdale

FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O BOX 5032

D Deerfield Beach

FL 33442

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

2008 SEP 18 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated _____

Mary Duplessis
Signature of a member or authorized representative of a member

Mary Duplessis
Typed or printed name of signee