

**L09000006309**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

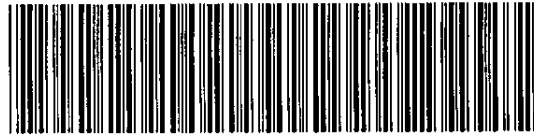
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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09 DEC -4 AM 11:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**B. Tadlock** DEC 04 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2009

PCD MANAGEMENT, LLC  
3802 NE 207 STREET  
AVENTURA, FL 33180

SUBJECT: PCD MANAGEMENT, LLC  
Ref. Number: L09000006309

This is to advise you that on January 21, 2009, we filed your limited liability company under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your limited liability company to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6911.

Sincerely,

Brenda Tadlock  
Senior Section Administrator  
Registration/Qualification Section

Letter Number: 509A00033894

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PCD Management LLC Name Change  
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:

Pierre Dionne

Name of Person

Firm/Company

3802 NE 207 St Apt 1907

Address

Aventura FL 33180

City/State and Zip Code

pdionne@emac.com

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

For further information concerning this matter, please call:

Carol Dionne

Name of Person

at ( 954 ) 923-3411

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount: -

Fee Waived per attached letter

☐ \$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

PCD Management LLC

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

09 DEC -4 PM 11:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 11/21/09 and assigned  
Florida document number L09000006309.

This amendment is submitted to amend the following:

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

Preme CD Management LLC

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)

3802 NE 207th Street Apt 1901  
Aventura FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

**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
		_____	
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		_____	<input type="checkbox"/> Remove
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		_____	<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.)*

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

Dated 12/21/09, 2009

Carole Signac Dionne

Signature of a member or authorized representative of a member

CAROLE GIGNAC DIONNE

Typed or printed name of signee