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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

APR 22 2009

EXAMINER

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: TDMC GROUP, 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:

MARIO BELAN

(Name of Person)

TDMC GROUP, LLC

(Firm/Company)

319 CLEMATIS STREET, SUITE 408

(Address)

WEST PALM BEACH, FL 33401

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JANA LECHMANOVA

(Name of Person)

at ( 561 ) 685-4859

(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**

TDMC GROUP, 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 APRIL 2008 and assigned  
Florida document number 209000027407

This amendment is submitted to amend the following:

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

PEEPS 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)

319 CLEMATIS STREET, SUITE 408

WEST PALM BEACH, FL 33401

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

319 CLEMATIS STREET, SUITE 408

WEST PALM BEACH, FL 33401

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TALLAHASSEE, FLORIDA

**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: MARIO BELAN

New Registered Office Address: 319 CLEMATIS STREET, SUITE 408  
(Enter Florida street address)

RIVIERA BEACH, Florida 33401  
(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.*

Mario Belan  
(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	DAN L BUSUIOC	6174 ADRIATIC WAY GREENACRES, FL 33413	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JANA LECHMANOVA	6507 SANDY BANK TERRACE RIVIERA BEACH, FL 33407	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROY ASSAD	300 S AUSTRALIAN AVE, APT 1004 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	IRIS ALVAREZ	6174 ADRIATIC WAY GREENACRES, FL 33413	<input checked="" type="checkbox"/> Add <input checked="" 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.)

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

Dated APRIL 20TH, 2009

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JANA LECHMANOVA  
\_\_\_\_\_  
Typed or printed name of signee