

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

U21000470909

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000209836 3)))



H220002098363ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : RC TAX SERVICE LLC
Account Number : 120140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DK RACE INTERNATIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help JUN 17 2022

T. LEMIEUX

2022 JUN 16 PM 2:57

2022 JUN 16 PM 5:06

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DK RACE INTERNATIONAL 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:

NESTOR AUGUSTO DELGADO CASTELLANO

Name of Person

DK RACE INTERNATIONAL LLC

Firm/Company

10394 SPRING ARBOR LN

Address

WINTER GARDEN / FL/34787

City/State and Zip Code

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

For further information concerning this matter, please call:

NESTOR AUGUSTO DELGADO CASTELLANO
Name of Person at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

DK RACE INTERNATIONAL 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 10/29/2021 and assigned
Florida document number L21000470909

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 contain 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)

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 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 Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Driys Yisell Castillo Bruce	10394 SPRING ARBOR LN	<input type="checkbox"/> Add
		WINTER GARDEN , FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Derlys Yisell Castillo Bruce	10394 SPRING ARBOR LN	<input checked="" type="checkbox"/> Add
		WINTER GARDEN , FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nestor Delgado Castellano Delgado	10394 SPRING ARBOR LN	<input type="checkbox"/> Add
		WINTER GARDEN , FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nestor Augusto Castellano Delgado	10394 SPRING ARBOR LN	<input checked="" type="checkbox"/> Add
		WINTER GARDEN , FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 16 2022

NESTOR AUGUSTO DELGADO CASTELLANO

Typed or printed name of signee