

L23000204852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

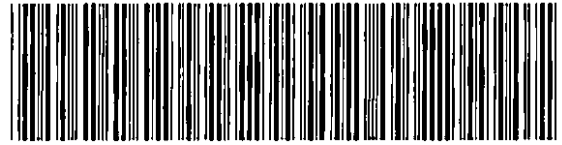
(Business Entity Name)

(Document Number)

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11/01/23--01008--025 **30.00

2023 OCT 1 10:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIGITALKEYVR 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:

ADRIANA LOPES BARROS MUNHOLI

Name of Person

PREMIUM CONSULTING AND TAX SERVICES LLC

Firm/Company

8803 FUTURES DRIVE SUITE 5B

Address

ORLANDO - FLORIDA - 32819

City/State and Zip Code

MANAGER@PREMIUMTAXUSA.COM

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

For further information concerning this matter, please call:

ADRIANA MUNHOLI

321 236-0200
at ()

Name of Person

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 Address:

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

2007-11-01 11:09:27

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	MARCIO BARROS RITZMANN	8803 FUTURES DRIVE SUITE 5B	<input type="checkbox"/> Add
		ORLANDO - FLORIDA - 32819	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SYLIA D SCHIAVO BELLEZA	8803 FUTURES DRIVE SUITE 5B	<input type="checkbox"/> Add
		ORLANDO - FLORIDA - 32819	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RICARDO VOGEL FERREIRA	7620 SUTHERTON LN	<input checked="" type="checkbox"/> Add
		WINDERMERE - FLORIDA - 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 24, 2023

Signature of a member or authorized representative of a member

MARCIO BARROS RITZMANN

Typed or printed name of signee

Filing Fee: \$25.00