

L23000236288

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : RUBEN TORO PA
Account Number : I20220000108
Phone : (407)370-6445
Fax Number : (407)352-0568

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

Email Address: RUBENTOROLPA@GMAIL.COM

2023 JUN 12 PM 3:56

RECEIVED

2023 JUN 12 PM 3:56

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DSKM GROUP USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: DSKM GROUP USA 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:

RUBEN TORO

Name of Person

RUBEN TORO P.A.

Firm/Company

7901 KINGSPONTE PKWY STE 31

Address

ORLANDO , FLORIDA 32819

City/State and Zip Code

rubendtorocpa@gmail.com

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

For further information concerning this matter, please call:

RUBEN TORO

Name of Person

at (407) 370-6445

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

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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>
<u>AMBR</u>	<u>DIEGO GIRALDO</u>	<u>10913 MOSS PARK RD ORLANDO, FL 32832</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>MARYLIN CABRERA CERON</u>	<u>10913 MOSS PARK RD ORLANDO, FL 32832</u>	<input checked="" type="checkbox"/> Add
			<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"/> Change

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

[illegible]

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 12, JUNE _____, 2023

MARYLIN CABRERA CERON

Signature of a member or authorized representative of a member

MARYLIN.CABRERA CERON

Typed or printed name of signee.