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J. SAULSBERRY EXAMINER JUL 12 2012

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Tokyo Me	edia Group LLC	
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Carlos S. Ramirez Name of Person		
То		kyo Media Group LLC	
11098		Biscayne Blvd. Suite 302	FILL SECRETAR: ALLAHASSI
		Address Miami Fl 33161	<u> </u>
	csr	City/State and Zip Code @tokyomediagroup.net	AM II: 14 OF STATE E.FLORIDA
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notificativall:	on)
	los S. Ramirez	at (_954_)24 Area Code & Daytime Te	06504 lephone 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 Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ns · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T	okyo Media Group LLC				
(<u>Name of the Limited </u> (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Lie Florida document number L11000092		08/11/2011	and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability company her	<u>·e</u> :			
The new name must be distinguishable and end with "L.L.C."	,	any," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applica			- Sa - Sa - IL		
(Principal office address MUST BE A STREET	<u> </u>		ARY OF STU		
Enter new mailing address, if applicable:			- REAL		
(Mailing address MAY BE A POST OFFICE E	<u> </u>		<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered off		our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:	Carlos S. Ramirez				
New Registered Office Address: 11098 Biscayne Blvd. Suite 302					
	dress				
	Miami	, Florida	33161		
	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

Page 1 of 2

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 **Type of Action Title** Name **Address** MGR Moishe Meyer 11098 Biscavne Blvd. ☐ Add ✓ Remove Suite 302 Miami FI 33161. ☐ Add Remove _ Add Remove Remove □Add □Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 6 Dated ___ Signature of a member or authorized representative of a member Caffos S. Ramirez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00