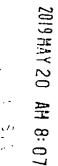
118000046913

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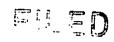
C. GOLDEN

JUN - 8 2019

COVER LETTER

TO:	-	istration Se ision of Cor		•	
C110 112	/ Yr.	OK MEDIA	A AMERICA LLC		
SUBJE	C1;		Name of Limite	d Liability Company	
The enc	losed	l Articles of	Amendment and fee(s) are subm	itted for filing.	
Please r	eturn	all correspo	ondence concerning this matter to	the following:	
			Mykhailo Tkachenko		
			OK Media America Li C	Name of Person	
			500 S Pointe Dr Suite 120	Firm/Company	
			Miami Beach FL 33139	Address	, <u>.</u>
			m.tkachenko@okmedia.tv	City/State and Zip Code	
For furt	her ir	iformation c	n-man address: (to oncerning this matter, please call	be used for future annual report noti :	neation1
Mykhailo Tkachenko				305 3181518	
		Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a	check for th	he following amount:		
\$25	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 HAY 20 AM 8: 07

OK MEDIA AMERICA LLC

(<u>Name of the Limited Liabili</u> (A Florida 	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability §	Company were filed on 02/21/2018	and assigned
Florida document number L18000046913	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDI	RESS)	.=
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or regis		er the name of the new
registered agent and/or the new registered office add	l <u>ress here</u> ;	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	. Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and I an gent as provided for in Chapter 605, F.S. C ed office address, I hereby confirm that the	n familiar with and Fr. if this document is
	If Changing Registered Agent, Signature of New	Registered Agent
	Page 1 of 3	

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>	Address	Type of Action
MGR	MARIIA VLASOVA	2097 S Ocean Dr Apt 306 Hallandale Beach FL 33009	= Add
			Remove
			Change
	 		
			□ Remove
			Change
<u></u>			
			□ Remove
			Change
			
			Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			☐ Remove
			☐ Change

f amending any other infor	Ì		-	
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ffective date, if other than t	he date of filing:		(optional)	
an effective date is listed, the date in the lote: If the date inserted in this ocument's effective date on the	nust be specific and cannot be pric block does not meet the appli	cable statutory filing requi	i 90 days after filing.) Pursuant to	
e record specifies a delay The 90th day after the r		ot an effective time, a	at 12:01 a.m. on the e	arlier o
ated May 16	2019			
	· -			
		mer)	and in	
	Signature of a member or aut	во р иси representative of a me	ипост	
МҮКНАП.О ТКАС		ited name of signee		_

Page 3 of 3

Filing Fee: \$25.00