

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L25000052757

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To:

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

From:

Account Name : B&K ADVISORS LLC
Account Number : I20240000158
Phone : (754)267-3185
Fax Number : (954)827-0966

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

Email Address: _____

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2025 FEB 12 PM 3:15

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OM GLOBAL LLC

Certificate of Status	0
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2025 FEB 12 AM 8:44

FILED

COVER LETTER

(((H25000053492 3)))

**TO: Registration Section
Division of Corporations****SUBJECT:** OMI GLOBAL 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:

MAKSYM ONYSHCHENKO

Name of Person

Firm/Company

4 N FEDERAL HWY, APT 535

Address

DANIA BEACH, FL 33004

City/State and Zip Code

info@bkadvisors.co

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

For further information concerning this matter, please call:

MAKSYM ONYSHCHENKO

754

267-3185

Name of Person

at ()

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

(((H25000053492 3)))

OMI GLOBAL 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 02/03/2025 and assigned
Florida document number L25000052757.

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:

MAKSYM ONYSHCHENKO

New Registered Office Address:

4 N FEDERAL HWY, APT 535

Enter Florida street address

DANIA BEACH

Florida

33004

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.

Maksym Onyshchenko
If Changing Registered Agent, Signature of New Registered Agent

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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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MAKSYM ONYSHENKO	4 N FEDERAL HWY, APT 535	<input type="checkbox"/> Add
		DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAKSYM ONYSHCHENKO	4 N FEDERAL HWY, APT 535	<input checked="" type="checkbox"/> Add
		DANIA BEACH, FL 33004	<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"/> Remove
			<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 February 12 2025

Signature of a member or authorized representative of a member

ALAKSYM ONYSHCHENKO

Typed or printed name of signee

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