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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUUL

MAR 3 2009

EXAMINER:

COVER LETTER

Division of Corporations
SUBJECT: On the GO Sports Management 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:
James Chris Martin (Name of Person)
on the go Sports Management LLC
1580 Sherman Avenue #603
Evanston IL 60201 (City/State and Zip Code)
For further information concerning this matter, please call:
For further information concerning this matter, please call: James Chris Martin at 847, 208-3971 (Name of Person) (Area Code & Daytime Telephone Number)
James Chris Martin at (847) 208-3971 SSR N [Name of Person) (Area Code & Daytime Telephone Number) TO TO TO TO THE TOTAL PROPERTY OF
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

On the go Sport (Name of the Limited Liability Compar	
(A Florida Limited L	liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LO4000732</u> 26	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
OTG Sports Manage	ment LLC
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6904 Fairbrook Way
(Principal office address MUST BE A STREET ADDRESS)	G904 Fairbrook Way Tampa, FL 33634
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1580 Sherman Avenue #603 Evanston, IL 60201
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	AR -2 PETARY CHASSEE
New Registered Office Address:	(Enter Florida street address)
	, Florida Dm &
	(City) (Zin 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)

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 = M MGRM =	lanager Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
 			
	<u> </u>		Add Remove
			Add Remove
D. If ame	nding any other informa	ntion, enter change(s) here: (Attach additional sheets,	if necessary.) SECRETARY TALLAHASSE
- -			PH 12: 18
Dated	February 2	6 2009	
	Si	mature of a member of authorized representative of a memb	oer .
		Typed or printed name of signee	110

Page 2 of 2

Filing Fee: \$25.00