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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RMC PROPERTY GROUP

Account Number : I20040000170 : (813)960-8154 Phone Fax Number : (813)963-2596

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

∠Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LO GO ON THE GO, LLC

| Certificate of Status | Ö       |
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**EXAMINER** 

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## **COVER LETTER**

| PO: Registration S<br>Division of Co | Section<br>prporations  | •   |   |              |
|--------------------------------------|---|---|---|--------------|
|                                      |   | On the Go, LLC  |   |              |
|                                      | of Amendment and fee(s) are sultoned and fee(s) are sultoned concerning this matter | •   |   |              |
|                                      |   | Michelle Dendler  |   |              |
|                                      |   | Name of Person  | _   |              |
| RMC Property Group                   |   |   | 2011<br>SE  |              |
|                                      |   | Firm/Company  | Sign F  |              |
|                                      | 8902 N.   | Dale Mabry Hwy., Suite200   | 2011 APR 29 SECRETARY TALLAHASS   | PARTY ON THE |
|                                      | •   | Address   | 338 F   | m            |
|                                      | 7   | fampa, Florida 33614  | Y OF STATE SEE, FLORIDA   |              |
|                                      |   | City/State and Zip Code   | STATI<br>LORI   |              |
|                                      | E-mail address: (   | acctg@rmcpg.com to be used for future annual report notifical     | lon)  |              |
| For further information              | concerning this matter, please of   |   | ,   |              |
| Mi                                   | chelle Dendler  | at ( 813 ) 96   | 30-8154   |              |
| Name of Person                       |   | at ( 813 ) 96<br>Area Code & Daytime To                           | elephone Number   |              |
| Enclosed is a check for              | the following amount:   | •   |   |              |
| \$25.00 Piling Fee                   | \$30.00 Filing Fee & Certificate of Status  | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Cortified Copy (additional copy is enclosed) |              |
| MAII ING ADDDESS.                    |   | ctdeet/colldied   | Annures,  |              |

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 Tallahassoc, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Lo Go On the   | ie Go, LLC                                |                             |                         |  |  |
|--|---|-----------------------------|-------------------------|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I   | ny as it now appear<br>liability Company) | s on our records.           |                         |  |  |
| The Articles of Organization for this Limited Liability Company  | were filed on                             | 1/28/11                     | and assigned            |  |  |
| Florida document number L11000011901   |   |                             |                         |  |  |
| This amendment is submitted to amend the following:  |   |                             |                         |  |  |
| A. If smending name, enter the new name of the limited ligh  | ility company her                         | <b>'g</b> :                 |                         |  |  |
| The new name must be distinguishable and end with the words "Limit"L.L.C."   | ited Liability Compa                      | ny," the designation "L     | LC" or the abbreviation |  |  |
| Enter new principal offices address, if applicable:  | 8902 N. Dale                              | Mabry Hwy., Suit            | I                       |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | N20                                       |                             | R 29                    |  |  |
| Enter new mailing address, if applicable:  | 8902 N. Dale                              | Mabry Hwy., Suit            | TO 1                    |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | Tampa, Florid                             | ia 33614                    |                         |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |   | our records, <u>enter t</u> | he name of the new      |  |  |
| New Registered Office Address:   | resi                                      |                             |                         |  |  |
|  | . Florida                                 |                             |                         |  |  |
|  | 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

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 <u>Name</u> <u>Address</u> DbA 🔲 Remove Remove Remote PATE AND PAT Remove ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change for MGRM Address: 8902 N. Dale Mabry Hwy., Suite200 Tampa, Florida 33614 April 22 Dated\_

Typed or printed name of signee
Page 2 of 2

Signature of a member of authorized representative of a member Suzanne L. Rice, Managing Member

Filing Fee: \$25.00