

2700000085334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

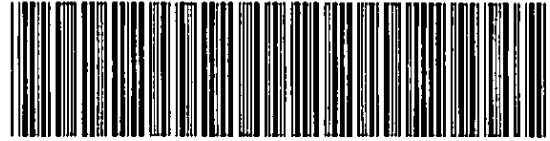
(Business Entity Name)

(Document Number)

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01/25/22--01012--023 \*\*43.75

03/08/22--01011--003 \*\*11.25

2022 MAR -7 PM 1:29  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

Anilind

MAR 10 2022  
I ALBRITTON

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: On the Go Holdings, 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:

Shanitha Pittman

Name of Person

On the Go Holdings, LLC

Firm/Company

109 N Main St #809

Address

Memphis TN 38103

City/State and Zip Code

ontheholding@gmail.com

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

For further information concerning this matter, please call:

Shanitha Pittman

\$50

3290181

at ( )

Name of Person

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAR -7 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FL

February 9, 2022

SHANITHA PITTMAN  
109 N. MAIN ST #809  
MEMPHIS, TN 38103

SUBJECT: ON THE GO HOLDINGS, LLC  
Ref. Number: L20000085334

We have received your document for ON THE GO HOLDINGS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file the document with a certified copy is \$55.00.

There is a balance due of \$11.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 722A00003248

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

On the Go Holdings, 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 03/19/2020

Florida document number L20000085334

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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, **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 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.*

**If Changing Registered Agent, Signature of New Registered Agent**

**FILED**  
2022 MAR -7 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
mgr	Latina Granger	3351 Valley Oaks Drive	<input type="checkbox"/> Add
		Marianna FL 32446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	Sabrina Clay	323 Willow Street #2B	<input checked="" type="checkbox"/> Add
		Teaneck, NJ 07666	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

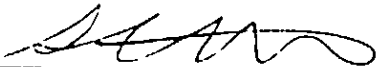
**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This was the correct form that was need to remove the manager, Latina Granger and replaced with an authorized member, Sabrina Clay. Originally check# 5180 totalling \$43.75 was sent. The balance due of \$11.25 is enclosed.

**E. Effective date, if other than the date of filing:** March 1, 2022 **(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 March 1, 2022



Signature of a member or authorized representative of a member

Shanitha Pittman

Typed or printed name of signer

**Filing Fee: \$25.00**