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08/30/24--01011--021 **25.00



COVER LETTER **

TO: Registration S Division of Co			·
	GO MEDIA GROUP, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	Kenneth W. Burrough		
		Name of Person	
	On the Go Media Group, L	.LC.	
		Firm/Company	
	2840 Somerset Drive M20:	5	
	<u> </u>	Address	
	Lauderdale Lakes, Florida	33311	
		City/State and Zip Code	
	ken@sfbpnetwork.com E-mail address: (to be used for future annual report	notification)
For further information	concerning this matter, please co	aH:	
Kenneth W. Burrough		954 512-057	
Name	of Person	Area Code Da	ytime 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON THE GO MEDIA GROUP, LLC				
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited Liabi		were filed on $\frac{08/13/2}{}$	024	and assigned
Plorida document number 1.24000355482	 ,			
his amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>e limited liab</u>	ility company here:		~
SOUTH FLORIDA ON THE GO, LLC.			، ۱ مد پر دو <u>مرم</u>	2024
he new name must be distinguishable and contain the word	s "Limited Liabi	ity Company," the design	ation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable	le:	N/A		33 -
Principal office address MUST BE A STREET ADDRESS)			-	
				= =
Enter new mailing address, if applicable:		N/A		5
Mailing address MAY BE A POST OFFICE BO	OX)			
				
B. If amending the registered agent and/or registered office address b		address on our recor	rds, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida s	street address	
	N/A		, 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

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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
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Note: li`	the date inser	er than the d d, the date must ted in this blood late on the Dep	ek does not n	neet the applic	able statutory (or more than 90 Iling requirem	(optional) days after filing tents, this date	.) Pursuant to 605 will not be list	5.0207 (ed as t
e record s rd is filed		ayed effective	date, but not	an effective ti	me, at 12:01 a.	m. on the earl	ier of: (b) Th	ne 90th day afte	er the
Dated A	UGUST 19	Ken	E. la	; ²⁰²⁴	·				
		<u> </u>	, , , , , , , , ,	<u>, , , , , , , , , , , , , , , , , , , </u>	orized represent	tive of a memb	.rr		
			ignature of a t	member or auto	anzea represent	mire of a memo	CI		

Filing Fee: \$25.00