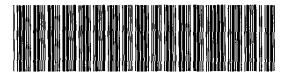
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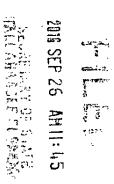
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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M. MILLIGAN SEP 29 2016

COVER LETTER

| Div | ision of Corp | orations | | | |
|----------------------------|----------------|--|---|--|--|
| SUBJECT: | Just Pizza, Ll | LC | | | |
| oe bob er. | | Name of Lim | ited Liability Company | | |
| | | | | | |
| The enclosed | Articles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspond | dence concerning this matter | to the following: | | |
| | | Nicolás A. Apfelbaum, Es | q. | | |
| | Name of Person | | | | |
| | | Apfelbaum Law | | | |
| | Firm/Company | | | | |
| | | PO Box 7156 | | | |
| | | | Address | | |
| | | Port St. Lucie, FL 34985 | | | |
| | | | City/State and Zip Code | | |
| | | contactus@alawfl.com | | | |
| | | E-mail address: (| to be used for future annual report notific | ation) | |
| For further in | nformation cor | cerning this matter, please ca | all: | | |
| Nicolás A. Apfelbaum, Esq. | | 772 236-4009 | | | |
| Name of Person | | Area Code Daytime 7 | Celephone Number | | |
| Enclosed is a | check for the | following amount: | | | |
| ■ \$25.00 F | iling 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:

TO: Registration Section

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**

Just Pizza, LLC

| (A Fig. | orida Limited Liability Company) | |
|--|--|---------------------------------|
| The Articles of Organization for this Limited Liabilit | ty Company were filed on 8/15/2016 | and assigned, |
| Florida document number L16000155542 | · · | ちの |
| This amendment is submitted to amend the following | g: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| ATS, LLC | | |
| The new name must be distinguishable and contain the words " | 'Limited Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | · |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | · | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | ds, enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addr | |
| | Enier rioriaa sireet daare | 233 |
| | | lorida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Regist | tered 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| ective date, if of effective date is life. | other than the date isted, the date must be sp | of filing: | rior to date of filing or m | (option ore than 90 days after f | nal) iling.) Pursuant to 605.0 date will not be listed |
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