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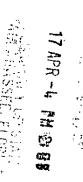
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COVER LETTER

TO:	Registration So Division of Cor			
SUBJE	BTS-InMo	tion ATL FAB, LLC		
SUBJE	CI;	Name of Lim	ited Liability Company	1 - 100
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Jacob M. Horowitz, Esquir	e	
		- ,-	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Jacobs & Dembert, P.A.		
			Firm/Company	
		One South Street, Suite 21	00	
			Address	
		Baltimore, Maryland 2120	2-3280	
			City/State and Zip Code	
		jhorowitz@jdlaw.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information c	oncerning this matter, please ca	all:	
Alethia	Hauffman		410 727-4433 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

InMotion ATL FAB, LLC				
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our reco orida Limited Liability Company)	ords.)		
The Articles of Organization for this Limited Liabilit	ly Company were filed on 11/10/2016		and as	ssigned
Florida document number L16000206863	•			
This amendment is submitted to amend the following	2:			
A. If amending name, enter the new name of the l	limited liability company here:			
BTS-InMotion ATL FAB, LLC				
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "L	LC" or the abbr	eviation "I	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DDRESS)			
Enter new mailing address, if applicable:		23 200 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	17 A	5
(Mailing address MAY BE A POST OFFICE BOX)	2	بيند. بريد بريد	PR.	• • • • • • • • • • • • • • • • • • • •
		SE		
			77	ff.
B. If amending the registered agent and/or re			ne dame	of the ne
registered agent and/or the new registered office a	address here:	F.	四 行	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street add	lress		
		Florida		
	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	
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Page 3 of 3

Filing Fee: \$25.00