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K SALY MAY - 9 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

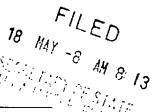
Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 198616 116694A
AUTHORIZATION: Spelle Ream
COST LIMIT : \$ 55.00
ORDER DATE: May 8, 2018
ORDER TIME : 11:29 AM
ORDER NO. : 198616-005
CUSTOMER NO: 116694A
DOMESTIC AMENDMENT FILING NAME: ATS NORTHPOINTE, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: __

CONTACT PERSON: Roxanne Turner -- EXT# 62969

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 Liabilit	ly Company were filed on Sanuary T	了、/ この l & and assigned
Florida document number <u>L180001563</u>	<u></u>	
This amendment is submitted to amend the following	7.	
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 AD	DDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>		rida
	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 = Ma AMBR = Au	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	ATS Northpointe IVC.	20328 NE 16 Place	🗆 Add
		Mauri FL 33179	E Remove
			Change
MGR	ATS Northpointe 770, INC.	20328 NE 16 Place	O Add
		Hiani A 33179	□ Remove
			Change
			🗅 Add
			Changes T
			Change T
			Remove 5
			Remove
			Change
			Add
			Remove
			Change

	2.00
	250
	20
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable st ument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.02 atutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
ed May 7 . 2018	
Signature of a member of authorized	edisentative of a member

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Filing Fee: \$25.00