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COVER LETTER

TO:		tration Section of Corp							
		MONTA PR	OPERTY SOLUTIONS LLC						
SUBJEC	CT: _		Name of Lim	ited Liability Company					
The encl	losed 2	Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please re	eturn a	ll correspon	dence concerning this matter	to the following:					
			CASSIE MONTALVO						
			THE MONTA GROUP	Name of Person					
			11564 PONYWALK TRL	Firm/Company		121	18		
			BOYNTON BEACH, FL.	Address 33473	<u> </u>	Allassi	DEC 26	FILE	
		City/State and Zip Code CASSIEGLEE@GMAIL.COM					FH 6: 17	1	(T)
For furth	ner info	ormation cor	E-mail address: (to be used for future annual report notifi all:	cation)	(IDA	17	; <u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u>	
CASSII	E MON	STALVO		561 617-6800 at ()					
	-	Name of I	Person		Telephone Number				
Enclosed	d is a c	heck for the	following amount:						
\$25,	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & pv			

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

MONTA PROPERTY SOLUTIONS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000282622	were filed on 12/07/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
THE MONTA GROUP LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		- E T
Enter new mailing address, if applicable:		26
Mailing address MAY BE A POST OFFICE BOX)		
Maning man ess MAT BLATOST OF THE BOXY		
		6: 17 00:10A
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 		ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo ri da	
	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

<u>Title</u>	Name	<u>Address</u>	Type of Action
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	12/20/2018		
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date of filing or r does not meet the applicable statutory filir	(optional) more than 90 days after filing.) Pursuant to 605.03 ng requirements, this date will not be listed	207 (3)(t as the
f the record specifies a delayed e b) The 90th day after the record	ffective date, but not an effective is filed.	time, at 12:01 a.m. on the earlier	of:
DECEMBER 20 Dated	2018		
	N/2.		
Sig	mature of a member or authorized representative	e of a member	
	AUTHORIZED MEMBER		
	Typed or printed name of signee	-	

Page 3 of 3

Filing Fee: \$25.00