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COVER LETTER

TO: Registration Security Division of Corp.		<u>.</u>	
	ER AVE, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DONALD MONTROY		
		Name of Person	
	ALLIED PAVER SYSTEM	MS, LLC	
		Firm/Company	
	217 N COLLIER BLVD		202 (\$ \vec{v}_{\text{if}}
		Address	
	MARCO ISLAND, FL 34	145	2020 DEC 21 PM 1: 1 SECRETARY OF STATEMENT O
		City/State and Zip Code	PH
	DMONTROY@ALLIEDPA		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	meanon)
DON MONTROY		239 394-6152	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Se	ection
Registration Division of C		Division of Co	
P.O. Box 633	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3530 PLOVER AVE, LLC		
(Name of the Limited Lial (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 11/10/2020	and assigned
lorida document number 1.20000355660	·	
his amendment is submitted to amend the following		
. If amending name, enter the new name of the li	imited liability company here:	
MONTROY MANAGEMENT, LLC		
he new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" or	·
nter new principal offices address, if applicable:		DEC 2
<u>Principal office address MUST BE A STREET AD</u>		<u> </u>
	,	EST :
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe		name of the new regis
gent and/or the new registered office address her	<u>e</u> :	
N. CN. D. Co. LA		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter v tortaa street address	
	Florid	da
	City	гір Соае

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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			DIA⊡
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			☐ Change
			□Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fili	(optional)
e: If the date inserted in this block does not meet the applicable statutor	ry filing requirements, this date will not be listed or
ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:0	La.m. on the earlier of: (b) The 90th day after th
filed.	·
DECEMBER 17 2020	
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Typed or printed name of signee