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COVER LETTER

	on Section f Corporations					
	Monty Group, LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.				
Please return all cor	respondence concerning this matter	to the following:				
	David Monty					
		Name of Person				
	Full Monty Group, LLC					
Firm/Company						
10157 Julia Isles Ave.						
		Address	 			
	Oxford, FL 34484					
		City/State and Zip Code				
	davemontysales@gmail.com	m (to be used for future annual report not	//•			
For further informa	tion concerning this matter, please c		incuton,			
David Monty		352 571-9705				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check	for the following amount:					
≅ \$25.00 Filing F	Fee S30.00 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)			
<u>Mailing A</u> Registra	ddress: tion Section	<u>Street Address:</u> Registration Se	ection			
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Full Monty Group, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on February 5, 2024	and assigned	
Florida document number L24000066266			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
David A. Monty, LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	10157 Julie Isles Ave.		
Principal office address MUST BE A STREET ADDRESS)			
	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office	address on our records, enter the n	name of the new register	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida	Zip Code	

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	Address	Type of Action
			□Add
			□Rетоve
			☐ Change
			□Add
			□Remove
			Change
			□Remove
			□Add
			□Remove
			Change
			□ Add
			□Remove
			☐ Change
-			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated March 5 2024 of authorized representative of a member Signature of a member David Monty

Filing Fee: \$25.00

Typed or printed name of signce