## L19 000 205671

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## COVER LETTER'

	ation Section 7 n of Corporations	
cun in cm	RW Investment Group LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.	
Please return ali	correspondence concerning this matter to the following:	
	Shane Reinolds Name of Person	
	RW Investment Group LLC Firm/Company	
·	7507 Banyan Street	
	Address	
	Fort Pierce FL 34951  City/State and Zip Code	
	Sdreynd 3@ma; 1. usf. edu  E-mail address: (to be used for future annual report notification)	
For further inform	mation concerning this matter, please call:	
Sho	ne Reynolds at (772) 475-5503  Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a che	eck for the following amount:	
□ \$25.00 Filing	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) 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

2819 777 155 ET 9: 00

KW TIM	Stront Crow	D CC 3 00
(Name of the Limited I (A I	Liability Company as it now appears on Florida Limited Liability Company)	bur records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on <u>Au</u>	gust 13th 2019 and assigned
Florida document number <u>L 19000205</u> 6	<u>.71                                    </u>	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
<u>-</u>	· · · · · · · · · · · · · · · · · · ·	Florida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

 $\Omega$ 

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
MGR	Shane Reynolds	7507 Banyan Street	MAdd
		7507 Banyan Street Fort Picrce, FL 34951	□ Remove
			Change
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		☐ Remove	
		Change	
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(If an effective Note: 1)	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	October 9th 2019
	Signature of a member or authorized representative of a member
	Shane Reynolds Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00