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of 3/25/2022

COVER LETTER

	Registration Se Division of Co			~
SUBJEC	Fort Myers	s Palace Árcade LLC		•
		Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Randy Williams		
		ers Palace Arcade LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following:		
			Firm/Company	
		2101 NW 53rd Street		
			Address	 _
		Boca Raton Florida 34956		
			City/State and Zip Code	
		-	T. 2. 2	·
For furth	er information c			fication)
Randy W	/illiams			
_	Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	he following amount:		
□ \$ 25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Fort Myers Palace Arcade LLC

SECRE IT A COR STATE TALL / MASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L22000040489	ompany were filed on $\frac{1/20/2}{2}$		and assigned
	_ .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
RMW Group, LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	nation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	'ESS)		
· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
The state of the s			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our reco	ds, <u>enter the name</u>	of the new registered
Name of New Projectored America			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:			
	Enter Florida :	treet address	
		treet address Florida	
New Registered Office Address:	City		Zip Code
	City		Zip Code

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>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
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If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not meeting the date inserted in this block does not meeting.	cannot be prior to date of timing of a	ng requirements, this date w	ill not be listed
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record specifies a delayed effective and is filed.	U ss	, ,	0
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March 1	2022 ·		A STATE
Dated	1	Today - con	7
Kashl Intill			
Signature of a	member or authorized representati	ive of a member	
-		The state of the s	- 31
Randy Williams		1 V.	* * * * * * * * * * * * * * * * * * *
	Typed or printed name of signed	a ·	· · · · · · · · · · · · · · · · · · ·
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Filing Fee: \$25.00