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COVER LETTER

	egistration a Division of Co							
SUBJEC		AWK TRAIL LLC						
30 bale	· ·	Name of Lim	ited Liability Cor	npany				
The enclo	sed Articles o	f Amendment and fee(s) are sub	mitted for filing	ş 				
Please reti	arn all corresp	oondence concerning this matter	to the following					
		Joshua A Law						
			Name of I	erson				
			Firm/Con	pany				
		111 S. Boulevard						
			Addre	\$s 				
		Tampa, FL 33606						
		jlaw@lawlegalgroup.com	City/State and	Kip Code				
		. • .	to be used for fut	re annual report noti	fication)			
For furthe	r information	concerning this matter, please ca	all:					
Joshua La	ıw		443-8342					
Name of Person			at (Area	Code Daytim	e Telephone Number			
Enclosed i	is a check for	the following amount:						
)32/ \$ 25.00	9 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 F Certified (additions		□ \$60.00 Filing Fee, Certificate of Status & 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

TOMAHAWK TRAIL LLC (Name of the Limited Liability Company) as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/05/2018 and assigned Florida document number L18000005301 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (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 name of the new registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CLIFTON SCOTT	9056 PINE BREEZE DRIVE	
		RIVERVIEW, FL 33578	Remove
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Affectiv Lan effe	re date, if other that ctive date is listed, the d	i n the date of ate must be specif	filing: ic and cannot be r	prior to date of	tiling or more th	(optio	onal) filing.) Pursuant to	605.020	07 C
Note: 1	f the date inserted in	this block does	not meet the ap	plicable stati					
locume	nt's effective date on	the Departmen	t of State's reco	irds.					
				1					
e reco	ord specifies a de	layed effecti	ve date, but	not an eff	ective time	, at 12:01 a	.m. on the ea	ırlier (of:
The 9	90th day after th	e record is fi	led.						
Dated _	ANUARY 19		2018	,					
_				7					
	_				_				
		Signature	of a member or a	uthorized rep	resentative of a	member		-	
	Joshua A. Law								

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Filing Fee: \$25.00