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COVER LETTER

PKV	Trust Firearms, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Artic	Name of Limited Liability Company Dosed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Paul Stroud Name of Person Firm/Company 17059 Dolphin Dr. Address North Redington Beach, FL 33708 City/State and Zip Code stroud_paul@msn.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Name of Person Name of Person Daytime Telephone Number	
Please return all co	respondence concerning this matter to the following:	
	Paul Stroud	
	Name of Person	
	Firm/Company	
	17059 Dolphin Dr.	
	Address	
	North Redington Beach, FL 33708	
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From Growth one in Comme		
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Janaya Allen	at ()	
;		
Enclosed is a check	for the following amount:	
■ \$25.00 Filing I	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	atus &

MAILING ADDRESS:

TO:

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

(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 1.19000243901 This amendment is submitted to amend the following:	and assigned
lorida document number 1.19000243901	and assigned
his amendment is submitted to amend the following:	
~	
a. If amending name, enter the new name of the limited liability company here:	
PKW Trust Recreation. LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	20
Principal office address MUST BE A STREET ADDRESS)	-
	2 ==
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<u></u> ; ~- <u>-</u>

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
		·	Add
			☐ Remove
			☐ Remove
			Change
			——————————————————————————————————————
			G:Change
			G:Change
			Change 2
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			Add
			_ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach add	litional sheets, if necessary.)	
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	<u> </u>	27
(If an effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing o Note: If the date inserted in this block does not meet the applicable statutory fi document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursu	
f the record specifies a delayed effective date, but not an effectiv b) The 90th day after the record is filed.	e time, at 12:01 a.m. on th	ne earlier of:
Dated FEBRUARY , 2020 .		
Signature of a member or authorized represental		
Signature of a member or authorized representat	tive of a member	···
Paul Stroud		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00