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| (Requestor's Name) |
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| | gistration Section ision of Corporations | | | |
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| | Gigliotti Residential Solutions | • | | |
| SUBJECT: | Name of Limited Liability Company | | | |
| | | | | |
| The enclosed | d Articles of Amendment and fee(s) are submitted for filing. | | | |
| Please return | all correspondence concerning this matter to the following: | | | |
| | Anthony Joseph Gigliotti | | | |
| Name of Person | | | | |
| Gigliotti Residential Solutions | | | | |
| Firm/Company | | | | |
| | 6316 2nd ave w | | | |
| | Address | | | |
| | Bradenton Florida 34209 | | | |
| | City/State and Zip Code | | | |
| | ajgh1991@gmail.com | 203 | | |
| For further in | E-mail address: (to be used for future annual report notification concerning this matter, please call: | 2021 OCT 18 | | |
| Anthony Jos | seph Gigliotti 941 545-7232 | | | |
| | Name of Person Area Code Daytime | Telephone Number | | |
| Enclosed is a | a check for the following amount: | | | |
| □ \$25,00 F | Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Re Div P.C | illing Address: gistration Section vision of Corporations Division of Corporations Division of Corporations Division of Corporation The Centre of Tallahassee, FL 32314 Street Address: Registration Section Division of Corporation The Centre of Tallahassee, FL 32314 | orations Illahassee Street, Suite 810 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Gigliotti Residential Solutions | | |
|---|--|------------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appears on our records a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability (| Company were filed on April 07, 2021 | and assigned |
| Florida document number L21000161196 | <u>_</u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| Land Clearing & Excavation, LLC | | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | 202 |
| incipal office address MUST BE A STREET ADDRESS) | <u> </u> | |
| | mailing address, if applicable: | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 202 OCT 18 TK 0: 25 |
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| | | |
| B. If amending the registered agent and/or registere | d office address on our records, enter t | he 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 | |
| | . Flo | rida |
| | City | Zip Code |
| | | |

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 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 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 |
|--------------|-------------|-------------|---|
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| Effective date, if other than the date of filing: | of filing or more than 90 days after filing.) Pursuant to 6 | 05.0207 |
| Note: If the date inserted in this block does not meet the applicable statedocument's effective date on the Department of State's records. | atutory filing requirements, this date will not be l | isted as |
| | | |
| e record specifies a delayed effective date, but not an effective time, at rd is filed. | 12:01 a.m. on the earlier of: (b) The 90th day at | fter the |
| October 12 2021 | | |
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Typed or printed name of signee