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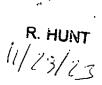
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co.	rporations					
Gigliotti Si	ite Work, LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Stephen R. Dye, Esq.					
		Name of Person				
	Dye, Harrison, Kirkland, I	Petruff, Pratt & PLLC				
		Firm/Company				
	1206 Manatee Avenue West					
	····	Address				
	Bradenton, FL 34205		5 5			
	sdye@dyeharrison.com	City/State and Zip Code				
		to be used for future annual report no				
For further information e	concerning this matter, please c	all:	otification)			
Stephen R. Dye		941 746-1167	.			
Name o	f Person	at () Area Code Dayt:	ime Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres Registration S		Street Address:	· · · · · · · · · · · · · · · · · · ·			
Division of C		Registration S Division of Co				
P.O. Box 632	7	The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIGLIOT	TTI SITE WORK, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on December 13, 2021	and assigned
Florida document number L21000523029	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Gigliotti Real Estate, LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRE	ESS)	
		1023
Enter new mailing address, if applicable:		1929 Nov 2
(Mailing address MAY BE A POST OFFICE BOX)		
AND THE BOX		<u> </u>
		- <u> </u>
B. If amending the registered agent and/or registered	office address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 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>	<u>Name</u>	Address	Type of Action
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			□Change
			
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Filing Fee: \$25.00