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COVER LETTER

		ation Secti i of Corpo						
SUBJEC		l Harding l	I.1.C			·		
	·•·	,	Name of Lim	ited Liability Company				
The enclo	osed Art	icles of An	nendment and fee(s) are sub	omitted for filing.				
Please ret	turn all o	correspond	ence concerning this matter	to the following:				
			Ivette Lopez					
				Name of Person				
			S&I Harding LLC					
				Firm/Company				
			1501 S Ocean Drive, #301					
				Address				
			Hollywood, FL 33301					
				City/State and Zip Code				
			E-mail address: (to be used for future annual re	port notification)			
For furthe	er inforn	nation cond	cerning this matter, please c	all:				
Ivette Lo	pez			at ()			<u></u>	
		Name of Pe	erson	Area Code	Daytime Telepho	one Number	NOW ED	1
Enclosed	is a che	ck for the f	following amount:				29	,
≘ \$25.0	00 Filing	; Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filin Certificate Certified Co (additional co	of Status &	ر بر بر س

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

S&I Harding 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 November 6, 2023 and assigned Florida document number 1.23000502651 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 "LLC." 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: Ivette Lopez Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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
MGR	Samantha D. Amaba		□Add
			□Remove
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			□Change

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Signature of a member or authorized representative of a member		-	Lone (Nov. 29, 2023.1	5:36 FST)				
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Filing Fee: \$25.00