| (Requestor's Name)                      |
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| (Address)                               |
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|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Sc<br>Division of Cor |   |   |                       |         |
|--|---|---|-----------------------|---------|
| S&I Hardin                             |   |   |                       |         |
|  |   | ited Liability Company  |                       |         |
|  | Amendment and fee(s) are sub                    | -   |                       |         |
|  | Ivette Lopez                                    |   |                       |         |
|  |   | Name of Person  | <del></del>           |         |
|  | S&I Harding, LLC.                               |   |                       |         |
|  |   |   |                       |         |
|  | 2950 NW 83RD ST                                 |   |                       |         |
|  |   | Address   | <del></del>           |         |
|  | MEAMI, FL. 33147                                |   |                       |         |
|  |   | City/State and Zip Code   |                       |         |
|  | ilopez@advancedpharmacr.  E-mail address: (     | com to be used for future annual report not                         | tication)             |         |
| For further information e              | oncerning this matter, please co                | ·   |                       |         |
| Joyce Jimenez                          |   | 305 220-2727  | ZOZO DEC              |         |
| Name o                                 | f Person  |   | e Telephone Number    |         |
| Enclosed is a check for the            | he following amount:                            |   | er S                  | کور     |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing FeFt | <u></u> |

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   |  |                        |
|---|--|------------------------|
| ( <u>Name of the Limited L</u><br>(A I                    | iability Company as it now appears on our records.)<br>Torida Limited Liability Company) |                        |
| The Articles of Organization for this Limited Liabil      | lity Company were filed on 11/06/2023  | and assigned           |
| Florida document number 1.23000502651                     | ·  |                        |
| This amendment is submitted to amend the following        | ng:  |                        |
| A. If amending name, <u>enter the new name of the</u>     | e limited liability company here:  |                        |
| he new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the                                | abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable        | e:   |                        |
| Principal office address MUST BE A STREET A               | (DDRESS)   |                        |
|   |  |                        |
|   |  |                        |
| Enter new mailing address, if applicable:                 |  |                        |
| Mailing address MAY BE A POST OFFICE BO.                  | <u></u>  |                        |
|   |  |                        |
|   |  | 023<br>SFC             |
|   | stered office address on our records, <u>enter the na</u>                                | me of the new register |
| agent and/or the new registered office address h          | <u>ere</u> :   | N (2)                  |
|   |  | 2 1                    |
| Name of New Registered Agent:                             |  | <u> </u>               |
| New Registered Office Address:                            |  | 17 S 22 5              |
|   | Emer Florida street address  | 1.E                    |
| _   | Florida _  |                        |
|   | City   | Zin Coda               |

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 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          | lvette Lopez | 2950 NW 83RD ST  | <b>≣</b> Add   |
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| ffective date, if other than an effective date is listed, the date   | the date of filing: _                             |   |  | (optional                                       | FL FL                                      |                      |
| an ellection take is noise the series  | must be specific and can<br>s block does not meet | mot be prior to date<br>t the applicable st | of filing of more the<br>stutory filing requ | an 90 days after filing<br>airements, this date | g.) Pursdant to 605<br>e will not be listi | .0207 (3<br>ed as th |
| ote: If the date inserted in this  | e Department of State                             | e's records.                                | , , ,  | ·   |  |                      |
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| ote: If the date inserted in this<br>ocument's effective date on the<br>record specifies a delayed effe                    | ctive date, but not an                            | effective time, at                          | 12:01 a.m. on the                            | e earlier of: (b) T                             | he 90th day after                          | r the                |
| ote: If the date inserted in this ocument's effective date on the record specifies a delayed effe                          | ctive date, but not an                            | effective time, at                          | 12:01 a.m. on the                            | earlier of: (b) T                               | he 90th day after                          | r the                |
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| iote: If the date inserted in this ocument's effective date on the record specifies a delayed effect is filed.             |   | effective time, at                          | 12:01 a.m. on the                            | earlier of: (b) T                               | he 90th day after                          | r the                |
| ote: If the date inserted in this ocument's effective date on the record specifies a delayed effective filed.  December 19 |   |   | 12:01 a.m. on the                            | earlier of: (b) T                               | he 90th day after                          | r the                |
| iote: If the date inserted in this ocument's effective date on the record specifies a delayed effect is filed.             | Juet  | 2023<br>Lee                                 |  |   | he 90th day after                          | r the                |
| Note: If the date inserted in this locument's effective date on the record specifies a delayed effect is filed.            | Juet  | 2023  |  |   | he 90th day after                          | r the                |

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