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COVER LETTER

ATTN: FLORIDA DEPARTMENT OF STATE

TO: AMEND THE ARTICLES OF ORGANIZATION

LLC: HARDING LANDS LLC

DCOMENT NUMBER: L24000160508

DAY PHONE NUMBER: 954-5298628

RETURN ADDRESS: TAX PLANNING PLUS LLC

9600 NW 38TH ST SUITE 203

DORAL, FL, 33178





COVER LETTER

TO:

TO: Registration Division of C	a Section Corporations		
SUBJECT: HARDI	NG LANDS LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	CLAUDIO A HARDING		
		Name of Person	
	HARDING LANDS LLC		
		Firm/Company	
	1800 Pembrook Dr		•
		Address	
	Orlando, FL 32810		
		City/State and Zip Code	
	info@taxplanningplus.com		
For further informatio	E-mail address on concerning this matter, please o	(to be used for future annual report not all:	ulication)
VICTOR PADILLA		at (954) 5298628	
. Nam	ie of Person	at (954) 5298628 Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25,00 Fiting Fee	: ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Se	ection
-	f Corporations	Division of Co	
P.O. Box 6	5327	The Centre of	Tallahassee
Tallahasse	e, FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARDING LANDS LLC			
(<u>Name of the Limited</u> (A	Liability Compa V Florida Limited I	ny as it now appears on our reco hability Company)	<u>ırds.</u>)
The Articles of Organization for this Limited Liab	bility Company	were filed on 04/04/2024	and assigned
Florida document number 1.24000160508	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liabil	hity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7901 4th St N	
(Principal office address MUST BE A STREET ADDRESS)		Suite # 22738	>-1: 2
		St. Petersburg, FL 33702	A A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7901 4th St N	30 A F
		Suite # 22738	
		St. Petersburg, FL 33702	<u>\$</u>
B. If amending the registered agent and/or regagent and/or the new registered office address	•	nddress on our records, <u>ent</u>	er the name of the new regis
Name of New Registered Agent:	TAX PLANNING PLUS LLC		
New Registered Office Address:	9600 NW 38TI	18T, 8TE 203	
	•	Enter Florida street add	ness
	DORAL.	·	Florida <u>33178</u>
		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
MGR	CLAUDIO A HARDING		□Add
			□Remove
		3300 S Dixie Hwy Apto 204, Mianii Florida 33133	= Change
MGR	LUZ BURGOS	· · · · · · · · · · · · · · · · · · ·	
			□Remove
		3300 S Dixie Hwy Apto 204, Miami Florida 33133	⊆ Change
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
		-	□Add
			□Remove
•			□Change
			⊒Add
			□Remove
			□Change

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