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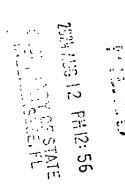
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COVER LETTER

то:	Registration Sect Division of Corpo			
SUBJE	CT:	So Hard / Name of Lim	Apparel LLC !	
The enc	losed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspond	dence concerning this matter	to the following:	
		Fad	Inel Pierrant Name of Person	
			Firm/Company	
		381 FI	Address	
		Fort La	City/State and Zip Code	
		Fodnel Pr E-mail address: (City/State and Zip Code Company Code Company Code C	
For furt	her information cor	ncerning this matter, please c	all:	
	Fadre Name of F	1 Pierrant Person	at (954) 478-0900 Area Code Daytime Telephone Number	_
Enclose	d is a check for the	following amount:		
\$25	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of (additional copy is enclosed) Certified Cop (additional copy	Status & y
	Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8105 Tallahassee, FL 32303	2024 NUS 12 PH 12: 56

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	ility Companda Limited Lis	y as it now appears on our recability Company)	cords.)
The Articles of Organization for this Limited Liability	Company v	vere filed on	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liabil	ity company here:	
The new name must be distinguishable and contain the words "Lin	mited Liabilit	y Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	(RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ldress on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:			
New Registered Office Address:	_	Enter Florida street ad	
		Enter r tortaa street aa	aress
		City	, Florida
New Registered Agent's Signature, if changing Register	red Agent:	0.0	2021
I hereby accept the appointment as registered agent	t and agree	e to act in this capacity.	I further agree to comply with t
provisions of all statutes relative to the proper and accept the obligations of my position as registered a	complete p	performance of my duties rovided for in Chapter 61	t, and I am familiar-with and " OS FS Or if this document is
being filed to merely reflect a change in the register	red office a	iddress, 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
MGR	Fadnel Pierrant	381 Florida Ave Fort Lau	derdale FL 33312
			□ Remove
			Change
AMBR	Iesha	2020 5W 110th	CT Cutter DAGG 33189
			Remove
AP	Vetane Pierrant	720 SW 15 ave. I	OCH Lauderdale FL 33312
.Z.M	VC 160 10 10 10 10		Remove
		 	Change
			□Remove
			□Change
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			Change:
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