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| Special Instructions to F | iling Officer: | |
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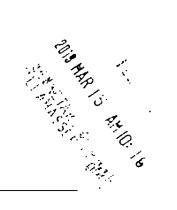




COVER LETTER

| TO: | Registration Se Division of Cor | | | |
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| | Slightly Ab | ove Average, LLC | | |
| SUBJE | ECT: | | · · · · · · · · · · · · · · · · · · · | |
| | | Name of Lin | nited Liability Company | The state of the s |
| | | | | |
| The en | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | <u> </u> |
| | | Jaclyn Boffice | | , · |
| | | | Name of Person | |
| | | Slightly Above Average, l DBA Bayside Gourmet | LC | |
| | | | Firm/Company | |
| | | 82758 Overseas Hwy | | |
| | | | Address | |
| | | Islamorada, FL 33036 | | |
| | | jaclyn.boffice@gmail.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report no | tification) |
| For fur | ther information c | oncerning this matter, please c | all: | |
| Jaclyn | Boffice | | 609 709-3746 | |
| | Name o | f Person | at () Area Code Daytir | ne Telephone Number |
| | | | • | • |
| Enclose | ed is a check for the | ne following amount: | | |
| ■ \$25 | 5.00 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) |
| | Registr Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COUR Registration Section Division of Corport Clifton Building 2661 Executive Control Tallahassee, FL 3 | orations Center Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Slightly Above Average, 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 Com | pany were filed on | October 5, 2018 | and assigned |
|---|-----------------------|-----------------------------|------------------------|
| Florida document number L18000236074 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company | <u>y here</u> : | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," t | he designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | <u></u> |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | - | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | | on our records, ent | er the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter | Florida street address | |
| | | , Florida | |
| | 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> | Name | <u>Address</u> | Type of Action |
|--------------|----------------|---|----------------|
| MGR | Jaclyn Boffice | 225 Dogwood Ln, Apt 2 Islamorada, FL 33036 | = Add |
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| | М | arch 12, 2019 | | | |
| Effective date, if other than fan effective date is listed, the dat | the date of filing: | | F 61: | (optional) | 606 0307 |
| Note: If the date inserted in the | | | | | |
| document's effective date on t | he Department of State's | s records. | | | |
| | | | | | |
| ne record specifies a dela The 90th day after the | | but not an e | fective time, at | t 12:01 a.m. on t | he earlier of |
| The sources are the | | 19 | | | |
| March 12 | 20 | • 2 | | | |
| | 20 | ···································· | 1 | - | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00