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COVER LETTER

TO:

TO: Registration Se Division of Cor			
Bayside Bo	outique LLC		
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rasheem Edward		
	····	Name of Person	
	Zenbusiness Inc.		
		Firm/Company	,
	336 E. College Ave Suite	301	
	1-11	Address	.,;
	Tallahassee, FL 32301		\ \
		City/State and Zip Code	
	fulfillment@zenbusiness.co		, — — — — — — — — — — — — — — — — — — —
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Zenbusiness Inc e/o Ras		844 4936249 at ()	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Address		Street Address:	
Registration 9 Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee, I			e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bayside Boutique LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 2022-04-29	and assigned
Florida document number 1.2200020#485	·	_
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Salt and Sage Boutique LLC		and and a
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDI	RESS)	
		5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	<u>e name of the new reg</u> i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	ida
	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 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
7			□ Add
			□Remove
			☐ Change
			□ Add
			□Remove
			Change
		·	 ☐Remove
			□Change
			□Add
			□Remove
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<u> </u>		<u> </u>	
		-	□Remove
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ffective date, if other than the date an effective date is listed, the date must be total. If the date inserted in this block occument's effective date on the Department.	k does not meet the app	olicable statutory	g or more than 90 days filling requirements	o ptional) after filing.) Pursuant to 605.020 s, this date will not be listed a
record specifies a delayed effective of is filed.	late, but not an effectiv	e time, at 12:01	a.m. on the earlier o	of: (b) The 90th day after the
nted	2023	·		
/s/Kaylee Edwards	gnature of a member or a			