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COVER LETTER

TO: Registration Section Division of Corpor				•
SUBJECT:	Sage Matt	OF D'HY mited Liability Con	BOUTIQU	ic, ilc
The enclosed Articles of Ame	endment and fee(s) are su	bmitted for filing	ţ.	
Please return all corresponde	nce concerning this matte	r to the following	<u>;</u> :	
	Stephan	Name of I	od er Person	
	Sage Ma	Hernit-	y Boutige	ue, LLC.
	12687 S	Addre	Rd 169-	Suite 2C
	Lale	SU 24 City/State and	A 3421 Zip Code	<u>09</u>
_	Sagem E-mail address:		1 60th of U	
For further information conce	erning this matter, please		·	
Stemanie Name of Per	rson	at (Slo Area	3) <u>AUU - AC</u> Code Daytime T	'elephone Number
Encloyed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 F Certified (additional		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section of Corp P.O. Box 6327			Street Address: Registration Secti Division of Corpo The Centre of Tal	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Sage Mater	nity	Butique	, UC			
(Name of the Limited Liabili (A Florida	a Limited Liabi	lity Company)				
The Articles of Organization for this Limited Liability C Florida document number <u>L220094</u> w7	Company wer 454	re filed on 10/31	1202	<u>a</u> a	nd assig	gned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	ited liability	company here:				
The new name must be distinguishable and contain the words "Lim	nited Liability C	Company," the designatio	n "LLC" or t	the abbreviat	ion "L.L	C.''
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDR	<u>RESS)</u>					
Enter new mailing address, if applicable:			. _	,		
(Mailing address MAY BE A POST OFFICE BOX)				7.55 182))	
				72 Z	<u>.</u>	1 <u>}</u>
				25 - C	<u>, </u>	
B. If amending the registered agent and/or registered	d office addi	ress on our records,	enter the			<u>lrègistered</u>
agent and/or the new registered office address here:					è T	
					<u></u> 2	
Name of New Registered Agent:	 .			<u> </u>	<u></u>	
New Registered Office Address:						
		Enter Florida street	t address			- -
			, Florid:	a		
		City			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
ngr	Stephanie Yoder	12681 SW CO Rd 769	_ □Add
	·	Suite 2C	□Remove
		Lake Suzy, Fl 34260	Change
MGR	Shelly Yoder	12687 SW CO Rd 769	_ Dadd
	·	Suite ac	□Remove
		Lake Suzy, Fr 34260	1 (BChange
			□Add
			□Remove
			□Change
	····		□ Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
	
	<u> </u>
	
r: - 17 ##	Anna 16 Alamada and Anna 6 6 Chama
(If an effective Note: If	e date, if other than the date of filing:
f the record : ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	11-8-2022
	Signature of a member or authorized representative of a member
	Stephanie Yoder