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TO: Registration S Division of Co			
¹ KSM IN	TERIOR DESIGN LLC	,	ý
SUBJECT:		nited Liability Company	and addition or any analysis staying the fig.
The enclosed Articles of	f Amendment and fee(s) are sub	nmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th	Fi	
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For further information	concerning this matter, please c	call:	
Cheyenne Moseley		800 773-0888	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Hox 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From: Rajiv Srivastav

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KSM INTERIOR DESIGN LLC	C			
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liab Florida document number L21000299453		an	d assig	ned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liability company here:			
Kate Killeen Design LLC				
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation "LLC" or t	he abbreviation	on "L.L.(74 11
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	S Th	2024	
		3 - 3		
		25	(3)	1.
B. If amending the registered agent and/or	registered office address on our records, er	iter the inc	infe ^r of	the new
registered agent and/or the new registered offic	e address here:	39 39	2	111
		်တ်	ф —	
Name of New Registered Agent:		STAI	<u></u>	
Naw Bugistared Office Address		m	9	
New Registered Office Address:	Enter Florida street address			
	. Florid:	ภ		
•	City	Ziρ (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

To:

<u>Title</u>	Name	Address	Type of Action
			Remove
			☐ Change
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. It amending any other intormati	ion, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the difference date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (ick does not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed () The 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlier of: rd is filed.
Dated December 27th	2023 A N N N N N N N N N N N N N N N N N N N
	Signature of a member of a authorized representative of a member
Kathryn Killeen	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00