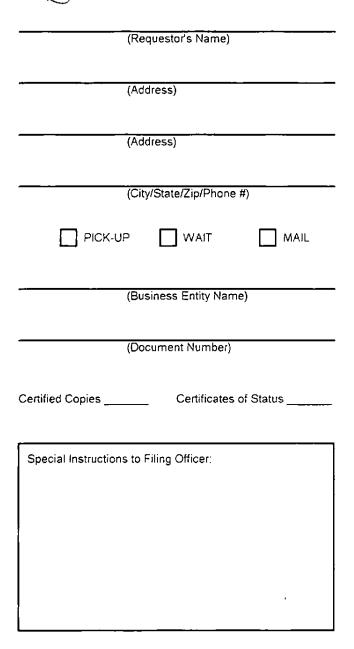
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Sak Des	19n5	
Subject.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	S	Name of Person	
		Name of Person	
	Sak	Designs Firm/Company	
		odland Spur	Dr
	<u>Lithia, F</u>	City/State and Zip Code	
	Koster Ko E-mail address: (llective @ gme to be used for future annua	report notification)
For further information c	oncerning this matter, please ca	all:	
Sonn; Name o	Koster fPerson	at (_ 757)Area Code	642 1223 Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	555.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &
Mailing Addres		<u>Street A</u> Registi	address: ration Section
Division of C		Divisio	on of Corporations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Company were filed on 8/12/2022 and assigned
Florida document number <u>L22000 355 095</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Koster Kollective Design Group LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
\tag{\tau} \tag{\tau} \tag{\tau} \tag{\tau}
Enter new mailing address, if applicable:
(A)
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City Florida 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	Address	Type of Action
			□Add
			□ Rеточе
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
		 	
			□Add
			□ Change
			□Remove
			□ Change

Page 2 of 3

f ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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f an efi Note:	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
ated	January 22 , 2024.
	Signature of a member of authorized representative of a member
	Steven Kaster
	Typed or printed name of signee

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Filing Fee: \$25.00