

L20 000316605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

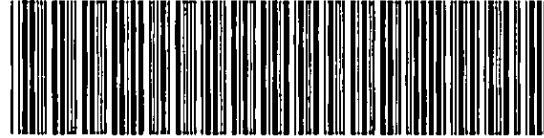
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2/16/21
[Signature]

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIDARAH LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Joseph
Name of Person

Soultri Music
Firm/Company

9187 Redonda Dr.
Address

Boca Raton, FL 33496
City/State and Zip Code

Me@kidarah.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Joseph
Name of Person

323 9998977
at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

KIDARAH LLC

The Articles of Organization for this Limited Liability Company were filed on 10/6/2020 and assigned Florida document number L20000316605.

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James Fitzgerald Smith II		<input type="checkbox"/> Add
		579 Northridge Rd. Apt. H Sandy Springs, GA 30350	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sarah Joseph		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		9187 Redonda Dr. Boca Raton, FL 33496	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b) filing name marks, this date will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record 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 record is filed.

Dated January 7

2021

e-sig:

Signature of a member or authorized representative of a member

Sarah Joseph

Typed or printed name of signee

Filing Fee: \$25.00