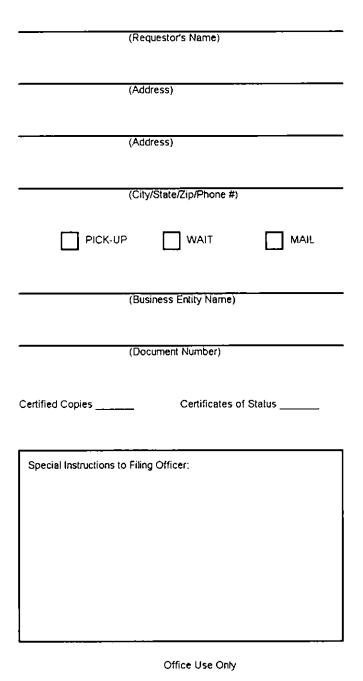
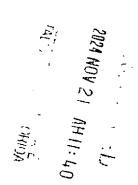
L24000 473 823





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11/21/24--01001--013 **25.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
	IDIOS 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:	
	KYREASE DESSEAU		
		Name of Person	
	KDM STUDIOS LLC		
		Firm/Company	
	6419 NORTH 44 STREET		
	***	Address	
	TAMPA, FL 33610		
		City/State and Zip Code	
	kmdstudios1@gmail.com		
		to be used for future annual report noti	tication)
For further information of	concerning this matter, please co	all:	
KYREASE DESSEAU		407 495-8712	
Name (of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

KDM STUDIOS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L24000473823</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
KMD STUDIOS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, <u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>. i</u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:		·
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emer varida sireet adaress	
	, Flor	
	City	Zip Code

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
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Remove
			□ Change
			□Add
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			□Change
			□Add
		-	□ Remove
			□Change

				
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		•		
		•		
Dec. of a day of all a should be	11/08/202	4	/4/a-all	
Effective date, if other than the date (If an effective date is listed, the date must be sp	ecific and cannot be prio	r to date of filing or mor	e than 90 days after filing	.) Pursuant to 605.0207 (3
<u>Note:</u> If the date inserted in this block do document's effective date on the Departm	oes not meet the appli	cable statutory filing	requirements, this date	will not be listed as th
document setrective date on the Departit	nent of state's record.	·.		
	haa aa	d 12.01	othe continues (by 171	an 00th day nAm tha
ne record specifies a delayed effective date ord is filed.	, but not an effective	mme, at 12.01 a.m. or	rine earner or. (b) 11	ie 90th day after the
Dated November 21	2024			
Dated		<u> </u>		
My car Davil	ATT			
Siana	ture of a member or auth	orized representative o	f a member	
y Signa		•		

Filing Fee: \$25.00