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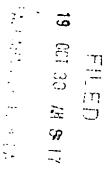
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## **COVER LETTER**

Division of Corporations	
SUBJECT: AVC X LLC Name of Limited Liability Company	
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:	
Raclosveta Rizzo	
Idamia, UC Film Company	
1730 S. Federal Huy Svite	309
De Cay Beach 1-6 33483  City/State and Zip Code  Joy, Rizzo a VSa, com  E-mail address: (to be used to future annual report notification)	
For further information concerning this matter, please call:	
Joy Rizzo = 561, 289-2585	<u>-</u>
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee	of Status & opy

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVERRX LUC	The state of the s
(A Florida Limited Liability Comp	any were filed on 11 18 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited.  IDAMIA, LLC	liability company here:  liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and coltain the words "Limited L Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1730 S. Federal Huy
Enter new mailing address, if applicable:  (Mailing address M.1YBE <u>A POST OFFICE BOX)</u>	SAME OS ABOUE
	d office address on our records, enter the name of the new
	nere.
Name of New Registered Agent:	
New Augistured Office Address:	Enter Florida street address
	Florida
	City 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 **Type of Action** <u>Address</u> <u>Title</u> Name \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove \_\_ Change \_\_\_\_ □ Remove \_\_\_\_ Change □ Add ☐ Remove \_\_\_\_\_ Change ☐ Remove \_\_\_\_\_ D Add □ Remove \_\_\_\_ □ Change

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<i>L</i>	
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. Effective date, if other than the date of filing:	(optional)  the prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) applicable statutory filing requirements, this date will not be listed as the records.
the record specifies a delayed effective date, I ) The SOth day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
Dated 10.22.2019 Signature of a member	or authoface representative of a member
	Ri 220 or printed name of signee

Page 3 of 3

Filing Fee: \$25.00