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COVER LETTER

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Registration Section

TO:

Division of Cor	rporations	•	
subject: <u>5</u>	OF+ Landing Name of Line	6 6 6 6 LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	1706	Name of Person	
	50F	TUDING 6008	son uc
	5172	NW 112th PL Address	
		Dolal, FC 33 City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report not	ding global. com
For further information c	oncerning this matter, please c	all:	
1700	TORLESE Person	at (<u>308</u>) <u>608</u> Area Code Daytim	-5172
Name o	i Person	Area Code Dayun	ie Telefnone Sumber
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Se	ction
Division of C	•	Division of Cor	•
P.O. Box 632		The Centre of T	
Tallahassee, I	「Ŀ JZJ [4	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOFTLANDING GLOBAL LLC

(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 $\frac{07/30/2018}{1}$ _____ and assigned Florida document number _ L18000182103 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NEXUS INNOVA US LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

_. Florida <u>___</u>

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>	Address	Type of Action
MGR	VICTOR TORRES	5172 NW 112TH PL	□Add
		DORAL, FLORIDA 33178	■ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Signature of a member ar authorized-representative of a member		

Filing Fee: \$25.00

Typed or printed name of signee