

03/21/2013 11:04 FAX

Division of Corporations

**L15000075834**

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H150001706613ABC.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : AMERICA EXPERT LLC  
Account Number : I20150000053  
Phone : (305)824-9100  
Fax Number : (954)251-2861

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: accounting@americasexpert.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NT-UX AMERICAS LLC**

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2015 JUL 13 AM 7:49

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Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NT-UX AMERICAS 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:

SIMONE PALMA

\_\_\_\_\_  
Name of Person

AMERICA EXPERT LLC

\_\_\_\_\_  
Firm/Company

407 NW 10TH TER

\_\_\_\_\_  
Address

FT. LAUDERDALE BEACH, FL 33009

\_\_\_\_\_  
City/State and Zip Code

ACCOUNTING@AMERICAEXPERT.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SIMONE PALMA

305 761-0527  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2015 JUL 13 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NT-UX AMERICAS 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 04/29/2015 and assigned  
Florida document number L15000075834.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)

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:**

Name of New Registered Agent:

AMERICA EXPERT LLC

New Registered Office Address:

407 NW 10TH TER

*Enter Florida street address*

HALLANDALE BEACH


*City*

Florida 33009

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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HEREIN IS UNCLASSIFIED  
DATE 08-19-2010 BY 60322 UCBAW

**THE**

2015 JUL 13 AM 7:49

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(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)

If 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 JULY 07 2015

[illegible]

Signature of a member or authorized representative of a member

GILBERTO A SOUZA

Typed or printed name of signee