1/2000/02242

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: A. LUNT				
AUG 29 2011				
EXAMINER				

Office Use Only



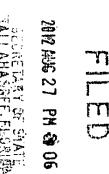
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August 24, 2012

FLORIDA DEPARTMENT OF STATE Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:



Attached please find our request to amend the Articles of Organization for **NX US LLC** we are amending the Suite as the number was not included in the original filing, also please find check number 1356 for the amount of \$25,00.

If you need to contact by phone the number is $305\ 261\ 7778\ xt\ 276$.

Best regards

Jorge Wagner

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ondence concerning this matter to the following:		
	Jose V. Gomez Name of Person		`
	Firm/Company	4.4	
	1728 CORAL WAY # 569	ALLAH.	~
	Miani, Fl 33178 City/State and Zip Code	2012 AUG 27 PM & 06 SECRETARY OF STATE ALLAHASSEE, FLORISS	
	E-mail address: (to be used for future annual report notification)	20 G K.	اسياة
For further information of	concerning this matter, please call:	;;;*	
Jose Vic	of Person at (786) 300 7175 Area Code & Daytime Telephone Number		
Enclosed is a check for the	the following amount:		
\$25.00 Filing Fee	(additional copy is enclosed) Certified	e of Status &	d)

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

IVX US LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on 08/08/2012 and assigned 11
Florida document number <u>L12000102242</u> .	2 7
	mer P
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
A. If amending name, enter the new name of the number habit	mity Company nerc.
The new name must be distinguishable and end with the words "Limite	ted Liability Company "the decignation "LLC" or the abbreviation
"L.L.C."	ted Elability Company, the designation LEC of the above value
Enter new principal offices address, if applicable:	1728 CORAL WAY
(Principal office address MUST BE A STREET ADDRESS)	Suite # 509
Trincipal office address MOST BEAUTIFEED ADDRESS	Miami, F1 33145
	1,111,1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(muning dualess MAT BE ATOST OFFICE BOX)	
B. If amending the registered agent and/or registered off	fice address on our records, enter the name of the ne
registered agent and/or the new registered office address here	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Designatored Agent's Signature if shanging Designard Agents	

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Type of Action **Name** MGR JORGE WAGNER 1728 CORAL WAY
MIAMI, FL33145

TOSE VICENTE GOMES 1728 CORAL WAY

MIAMI, FL 33145 MGR Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member Typed of printed name of lignee

Page 2 of 2

Filing Fee: \$25.00