

L180000 53736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

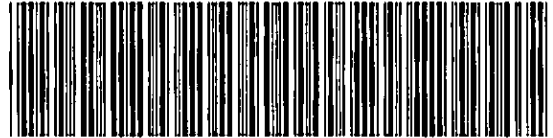
(Business Entity Name)

(Document Number)

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ST. CLAIR COUNTY, ILL.  
CLERK OF COURT  
JILL D. BROWN, CLERK  
JAN 10 2018

O SIMMONS  
MAY 22 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NL SOLUTIONS USA 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:

LETICIA E. SILVA NUNES DE ANDRADE

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

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

15649 NW 38TH CT

\_\_\_\_\_  
Address

MIAMI GARDENS - FLORIDA 33054

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

primeincometax1@gmail.com

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

For further information concerning this matter, please call:

LETICIA E SILVA NUNES DE ANDRADE

954 5735303  
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

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

NL SOLUTIONS USA 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 05/10/2018

Florida document number L18000053736

This amendment is submitted to amend the following:

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

CMA SOLUTIONS USA LLC

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:**

15649 NW 38TH CT

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI GARDENS - FL 33054

**Enter new mailing address, if applicable:**

15649 NW 38TH CT

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI GARDENS - FL 33054

**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:

New Registered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NILO CEZAR NUNES DE ANDR	9721 ARBOR OAKS LANE #103	<input type="checkbox"/> Add
		BOCA RATON - FL 33428	<input checked="" 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"/> Change

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2021  
GA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

CHANGE OF NAME , ADDRESS AND REMOVE THE MGR NILO CEZAR NUNES DE ANDRADE

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T8  
CLERK OF SUPERIOR COURT  
JANUARY 11, 2018

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

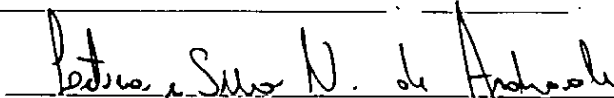
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MAY 10, 2018



Signature of a member or authorized representative of a member

LETICIA E. SILVA NUNES DE ANDRADE

Typed or printed name of signee