L23000158613

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC
Account Number : I20230000193
Phone : (407)552-7903
Fax Number : (407)449-2348

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TALLAHASSEE, FLORIDA

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

Email Address: INFO@CLAUDIALIMATAX.COM

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CSN SMART SOLUTIONS LLC

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K. SALY

AUG 16 2024

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CSN SMART SOLUTIONS 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:

CLAUDIA LIMA
Name of Person

CLAUDIA LIMA TAX & ACCOUNTING LLC
Firm/Company

9100 CONROY WINDERMERE RD STE 200 OFFICE 241
Address

WINDERMERE, FL 34786
City/State and Zip Code

INFO@CLAUDIALIMATAX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA LIMA at (407) 552-7903
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CSN SMART SOLUTIONS 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 03/30/2023 and assigned Florida document number L23000158613.

This amendment is submitted to amend the following:

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

TILAPIA GROUP 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:
(Principal office address MUST BE A STREET ADDRESS)

1415 W OAK ST SUITE 442298
KISSIMMEE, FL 34741

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1415 W OAK ST SUITE 442298
KISSIMMEE, FL 34741

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: CLAUDIA LIMA TAX & ACCOUNTING LLC

New Registered Office Address: 9100 CONROY WINDERMERE RD STE 200 OFFICE 241
Enter Florida street address

WINDERMERE, **Florida** 34786
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:

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	SILVA FULVIO	3128 CORAL WAY CORAL GABLES, FL 33145	☐ Add ☒ Remove ☐ Change
MGR	GUSTAVO N SILVA MACHADO	3128 CORAL WAY CORAL GABLES FL 33145	☐ Add ☒ Remove ☐ Change
AMBR	ADVANCED CONSULTING GRO	1415 W OAK ST SUITE 442298 KISSIMMEE, FL 34741	☒ Add ☐ Remove ☐ Change
AMBR	RUAN PEREIRA DE FREITAS	1415 W OAK ST SUITE 442298 KISSIMMEE, FL 34741	☒ Add ☐ Remove ☐ Change
AMBR	CELSO FERNANDES DE MATTO	1415 W OAK ST SUITE 442298 KISSIMMEE, FL 34741	☒ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

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

FULL NAME OF THE NEW MEMBER: ADVANCED CONSULTING GROUP LLC

FULL NAME OF THE NEW MEMBER: CELSO FERNANDES DE MATTOS

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TALLAHASSEE, FLORIDA

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 AUGUST 2ND, 2024.

Fluvio Da Silva Aug 15, 2024 12:11 AM EDT

Signature of a member or authorized representative of a member

FLUVIO SILVA

Typed or printed name of signee

Filing Fee: $25.00