

8/2/24 5:41 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000261355 3)))



H240002613553ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC
Account Number : 120230000193
Phone : (407)552-7903
Fax Number : (407)449-2348

****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

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CSN SMART SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY

AUG 16 2024

Electronic Filing Menu

Corporate Filing Menu

Help

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

407 552-7903

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 AUG 15 AM 3:53
CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

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 123000158613

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:

1415 W OAK ST SUITE 442298

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34741

Enter new mailing address, if applicable:

1415 W OAK ST SUITE 442298

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida 34786

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

FILED
2024 AUG 15 AM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2024 AUG 15 AM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

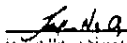
E. Effective date, if other than the date of filing: _____ (optional)

(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 Silva Aug 15 2024 11:11 AM

Signature of a member or authorized representative of a member

FLUVIO SILVA

Typed or printed name of signee