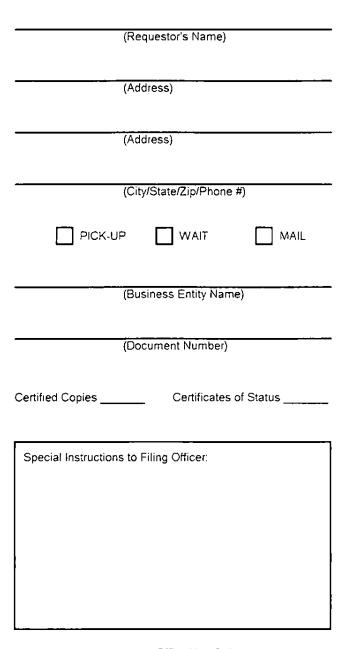
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Office Use Only



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2024 JUN -4 PM 5: 09 SECRETARY OF STATE TALLAHASSEE, FI

FILED

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COVER LETTER

TO: Registration S Division of Co			
CSA Gro	up LLC		
SUBJECT:	Name of Limi	ted Liability Company	
	f Amendment and fee(s) are sub-		
	Cassio S Assuncao		
		Name of Person	
	Nordic Trust Alliance	_	
		Firm/Company	
	121 S Orange Ave, Suite 1	500	
		Address	
	Orlando, FL 32801		
	Csagroup.usa@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Cassio S Assuncao		407 8087198 at ()	_
Namo	of Person		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)	Section 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSA Group LLC	
(Name of the Limited Liability Comp. (A Florida Limited	nny as It now appears on our records.) It is bility Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000459195	y were filed on 10/04/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	oility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
F	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
I hereby accept the appointment as registered agent and agenovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
AMGR	Daniel Fernandes	121 S Orange Ave, Suite 1500, Orlando, FL 32801	
			□Remove
			Change
<u> </u>			DAdd
			□Remove
			□ Change
			🗆 Add
			□ Remove
			□Change
,			DAdd
			□Remove
			□ Change
			DAdd
			Remove
			Change
			CIAdd
			□ Remove
		[] Change	

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Mective date, if other than the date of filing: Os/01/2024 (optional) 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 605.0 occurrent's effective date on the Department of State's records. 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 1 is filed. Signature of a member or authorough representative of a member.					
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CASSIO SIMOES ASSUNCAO		_			
Total or selected some of classes		Typed or	printed name of sign	100	

Filing Fee: \$25.00