L19 U000043054

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SECRETARY OF STAT

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TO: Registration Division of C				
	bale LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Ricardo A Faerman			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	Italia Globale LLC		<u>က</u> (၁)	20
		Firm/Company		21 SE
	221 W. Hallandale Beach	Blvd # 216	AHZ NRS	2021 SEP -9
		Address		Plea
	Hallandale Beach, FL. 330	009	મ ે દાજ	PM 3: 02
	ricardo@faerman.us	City/State and Zip Code	rn rn	02
	-	to be used for future annual report notific	ation)	
For further information	concerning this matter, please c	all:		
Ricardo A. Faerman		954 681 3252 at ()		
Name	e of Person		Felephone Number	_
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status &
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Sect Division of Corpo The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	d Liability Company as it now appears on our re A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number L19000043054	bility Company were filed on 02/12/2019	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
SELINTERNATIONAL LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	'LLC" or the abbrevenion "L.L.C."
Enter new principal offices address, if applica	ble:	I SEL
(Principal office address MUST BE A STREET	'ADDRESS)	77 - 9
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		PH 3: 03
B. If amending the registered agent and/or re agent and/or the new registered office address		nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddrase
	The Financial	
		. Florida

New Registered Agent's Signature, if changing Registered Agent:

1. 11. 21. 5.1. 1.1.2

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>	Address	Type of Action
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		-	□Remove
			□Change
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n effective date is listed, ote: If the date inserte	r than the date of filin the date must be specific and ad in this block does not to te on the Department of S	d cannot be prior to do meet the applicable			
ecord specifies a delay is filed.	ved effective date, but no	t an effective time.	at 12:01 a.m. on the c	earlier of: (b) The G	00th day after the
ted Sept	rember 7	. 2021			
	Signature of a	member or authorize	d representative of a me	mber	
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