P23000057187

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09/11/23--01010--023 **35.00



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SE&LI SALES GE	ROUP CORP			
	IBER:				
The enclosed <i>Article</i>	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	iter to the following:			
	TATIANE F LIMA				
		Name of Contact Person	n		
	TALENT MULTISERVICES	SINC			
	Firm: Company				
	851 BROKEN SOUND PKW	• •			
		Address			
	BOCA RATON, FL - 33487				
	City State and Zip Code				
	contactga@talentbm.com				
		sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
TATIANE F LIMA		770 at (904-9606	3635	
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check (for the following amount made	payable to the Florida Dep	artment of State:	5653 521-11	
S35 Filing Fee	□ S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
Ar Di P.u	ailing Address nendment Section vision of Corporations). Box 6327 Hahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SE&LI SALES GROUP CORP

(Name of Corporation	as currently filed with the Florida Dept. of State)
P23000057187	
(Documen	it Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Soits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	Thenew
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevia	oration, ""company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word tion "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered	Loffice address in Florida, enter the name of the
new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
	(Florida street address)
New Registered Office Address:	, Florida
	map contest of the co
New Registered Agent's Signature, if changing Regist	ered Agent:
Thereby accept the appointment as registered agent. Ta	m familiar with and accept the obligations of the position.
	re of New Registered Agent, if changing
Mgnatu	re of sea wegisierea sigem, if enanging
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner—Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add

Evample: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Li Change	D	BRUNO GONZALEZ RIBEIRO	1950 SOUTH OCEAN DR
$\frac{\overline{X}}{X}$ Add			APT 19G
Remove			HALLANDALE, FL - 33009
2) Change			
Add			
Remove 3 1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			<u> </u>
6)Change			_
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	
	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	13.5 E
	と 立一 立
	-

09/0 <u>5</u> / Effective date <u>if applicable</u> :		
ratective date it applicable.	/2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the artment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	sted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes east for the amendn ficient for approval.	nent(s)
	oved by the shareholders through voting groups. The following sta each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was were sufficient for approval	
by		
· · · · · · · · · · · · · · · · · · ·	(voting group)	
09/05/2023		
Dated		
Signature Most	b. According.	
(By a dire selected,	ector, president or other officer — if directors or officers have not b , by an incorporator – if in the hands of a receiver, trustee, or other d fiduciary by that tiduciary)	
	MARIO ALBERTO ARGUELLO	
	(Typed or printed name of person signing)	
, -	(Typed or parties name or person signing)	
_	PRESIDENT	