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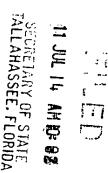
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
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D. BRUCE VARINER

COVER LETTER

TO:	Registration S Division of Co						
SUBJECT: SEP World LLC							
5010			nited Liability Company		-		
The en	closed Articles o	f Amendment and fee(s) are su	sbmitted for filing.				
Please	return all corresp	ondence concerning this matte	er to the following:				
Sylvain Chevalier							
	Name of Person						
SEP World LLC							
Firm/Company		_					
5678 Lago Villaggio Way							
Address		A co	=				
Naples, FL 34104			A Se		اور		
	City/State and Zip Code			TAR ASS	· 	ه معدد ۲ يعمد ا	
			sylvain@pobox.com (to be used for future annual report n		EE.	· A	
For fur	ther information	E-mail address: concerning this matter, please		onneation)	FLORIC	€	
	Syl	vain Chevalier	at (239)	775-7652	A	D/O	
		of Person		time Telephone Numb	per	-	
Paoloo	and is a shook for	the following amount:				٠	
	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certific	Filing Fee cate of St ed Copy onal copy	atus &	
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SEP World LLC				
(<u>Name of the Limited L</u> (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	···		
The Articles of Organization for this Limited Lial	bility Company were filed on	08/13/2008	and assigned		
Florida document numberL080000781					
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	<u>he limited liability company he</u>	<u>re</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviati		
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)		\mathcal{P}_{c}		
	,		A C		
			HA.		
Enter new mailing address, if applicable:			I I		
(Mailing address MAY BE A POST OFFICE BOX)	av.		9 7 17		
muung uuuress MAT DI AT OST OFFICE D	<u></u>		STANTE BE		
B. If amending the registered agent and/or	registered office address on				
registered agent and/or the new registered offi					
Name of New Registered Agent:	the state of the s				
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> <u>Address</u> James F. Kier MGRM ✓ Add✓ Remove 24345 Wilderness Oak, #1204 San Antonio, TX 78258 ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 12 Dated _ Signature of a member or authorized representative of a member Sylvain Chevalier Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00