L09000096680

,					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
L09-94480.					
(Document Number)					
Certified Copies Certificates of Status					
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10 JUN 29 AH 8: 27

SECRETARY OF STATE FALLAHASSEE, FLORIDA

JUN 2 9 2010

COVER LETTER

· Division of Corporations						
SUBJECT:	Southeast Rene	ewable Energy Solutions	,			
		nited Liability Company	The second secon			
	•					
The enclosed Article	es of Amendment and fee(s) are su	ibmitted for filing.				
Please return all cor	respondence concerning this matte	er to the following:				
		Sebastien Studer				
Name of Person						
	Southeast Renewable Energy Solutions					
		Firm/Company				
	595 N Shore Drive					
	Address					
	N	fiami Beach, FL 33141				
		City/State and Zip Code				
	E-mail address:	studer@3wd-usa.com (to be used for future annual report notific	cation)			
For further informat	ion concerning this matter, please	call:				
	Sebastien Studer	at (786)	768-2417			
Name of Person		Area Code & Daytime	Telephone Number			
Enclosed is a check	for the following amount:					
\$25.00 Filing Fed	S30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURIE Registration Section	1			
Division of Corporations P.O. Box 6327		Division of Corpora Clifton Building	ations			
Tallahassee, FL 32314		2661 Executive Cer	nter Circle			

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



June 21, 2010

SEBASTEIN STUDER 595 N. SHORE DRIVE MIAMI BEACH, FL 33141

SUBJECT: SOUTHEAST RENEWABLE ENERGY SOLUTIONS LLC

Ref. Number: L09000096680

We have received your document for SOUTHEAST RENEWABLE ENERGY SOLUTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (1) of the Amendment form. I have enclosed the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 810A00015178

ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION

FILED 10 JUN 29 AM 8: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Southeast Renewable En (Name of the Limited Liability Compa (A Florida Limited I	nergy Solutions LLC any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number 109 0009 6680						
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 end with the words "Limi"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviat	- ion				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	595 N Shore Dr. Miami Beach FL 33141	- -				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	595 N Shore Dr. Miami Beach FL 33141	-				
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:		-				
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma	nager		
MGRM = 1	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Martin Aztiazarain	1413 SW 19 Avenue Et Lauderdale, FL 33312	Add Remove
<u>MGRM</u>	Arnaud Luguet	595 N Shore Drive Miami Beach, FL 33141	Add Remove
<u>MGRM</u>	Sebastien Studer	595 N Shore Drive Miami Beach, FL 33141	Add Remove
			Add Remove
			Add Remove
			Add Remove
	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	FILED 10 JUN 29 AM 8: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated	Signature of a n	nember or authorized representative of a member	
	ū	der, Arnaud Luguet, Martin Aztiazarain	
	Sepasiien Stu	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00