(Re	questor's Name)	
,		
· (Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
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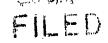
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	SE INTE	RNATIONAL E	NTERPR	ISES, INC.
DOCUMENT NUM	MBER:		P0700	0106456	
The enclosed Articl	es of Amendmei	at and fee are s	ubmitted for filing	3 .	
Please return all cor	respondence cor	cerning this m	atter to the follow	ing:	
			RIJKE LONG		
		Name	of Contact Person		
_	SE	INTERNATIO	NAL ENTERPR	ISES INC.	
Firm/ Company					
_	627 KENSINGTON DRIVE				
Address					
		CHAPEL	_ HILL, NC, 275	14	
-		City/	State and Zip Code		
			CFINANCE.COM r future annual report		
For further informat	tion concerning t	his matter, ple	ase call:		
	ARIJKE LONG of Contact Person		at (<u>O q</u>) Area Code &	338 81 & Daytime Tele	15 phone Number
Enclosed is a check	for the followin	g amount made	e payable to the Fl	orida Departı	ment of State:
☑ \$35 Filing Fee	□ \$43.75 Filing Certificate of		\$43.75 Filing Fe Certified Copy (Additional copy		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27		Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive	oorations	;

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2818 SEP -9 PM 4 03

P07	7000106456		
(Document Nur	mber of Corporation (if kno	wn)	
ursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corpoi	ration adopts the follow
. If amending name, enter the new name of	of the corporation:		
SE 4 INT	ERNATIONAL, INC.	·	The new
ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A proj	fessional corporation
Enter new principal office address, if apprincipal office address MUST BE A STREE			
	,		
			
Enter new mailing address, if annlicable			
. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
(Mailing address <u>MAY BE A POST OFF</u>	<u>(CE BOX</u>)	n Florida, enter the	name of the
	registered office address i	n Florida, enter the	name of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address i	n Florida, enter the	name of the
(Mailing address MAY BE A POST OFF) 1. If amending the registered agent and/or	registered office address i	n Florida, enter the	name of the
(Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address i		name of the
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg	registered office address i		name of the
(Mailing address MAY BE A POST OFF) 1. If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address i	address)	
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address i		rida
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	registered office address i istered office address: (Florida street of (City)	address), Flo	rida
(Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office address i istered office address: (Florida street of (City)) ing Registered Agent:	address) , Flo (Zip Code	rida

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	SEBASTIEN PRUNIER	627 KENSINGTON DRIVE CHAPEL HILL, NC 27514	
<u> </u>	WYNAND BUYS	627 KENSINGTON DRIVE CHAPEL HILL, NC 27514	_ ☑ Add _ □ Remove
			_
	dditional sheets, if necessary). (Be sp		
F. If an approvisi	mendment provides for an exchange, i ons for implementing the amendment	reclassification, or cancellation of i	ssued shares, t itself:
	not applicable, indicate N/A)		
<u> </u>			

The date of each amendment	(s) adoption: JULY 30, 2010
Effective date if applicable:	(date of adoption is required)
Effective date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated O	a director, president or other officer – if directors or officers have not been
selec	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	MARIJKE LONG
	(Typed or printed name of person signing)
	SECRETARY DIRECTOR
	(Title of person signing)