LU5000055706

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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	ion Section of Corporations		
SUBJECT:	Wa	deville, LLC	O
	Name of Lin	nited Liability Company	1 Sign
The enclosed Artic	les of Amendment and fee(s) are so	abmitted for filing.	
Please return all co	rrespondence concerning this matter	er to the following:	1.3 ML 1 M 8:26
		Esther Phahla	
		Name of Person	
		Wadeville, LLC	
		Firm/Company	
		27475 Y	nez Rd, #378
		Address	100 Nu, #3/8
		Temecula, CA 92592	
		City/State and Zip Code	
	esth	er@estherphahlacpa.com	
For further informa	E-mail address: ation concerning this matter, please	(to be used for future annual report notification)	
	, p		
	Esther Phahla	at (951) 852-004 Area Code & Daytime Telephone I	
ľ	tante of Terson	Area code & Dayrille Telephone I	Aumoci
Enclosed is a check	for the following amount:		
\$25.00 Filing F	ee \$\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sq}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\eq}}}}}}}}} \end{\sqrt{\sq}	Certified Copy Certified Copy (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wadevill	e, LLC	
(Name of the Limited Liability Compa (A Florida Limited L		
(A Florida Limited L	lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 06, 2005 and assigned	
Florida document number L05000055706	The Control of the Co	
	.	
This amendment is submitted to amend the following:	- Commence of the commence of	
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	27475 Ynez Rd, #378 Temecula, CA 92591	
(Principal office address MUST BE A STREET ADDRESS)	Temecula, CA 92591	
	·•·	
Enter new mailing address, if applicable:	27475 Inez Kd, #378	
(Mailing address MAY BE A POST OFFICE BOX)	27475 Thez Rd, #378 Temecula, CA 92591	
	•	
B. If amending the registered agent and/or registered off	ice 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 agre	e to act in this capacity. I further agree to comply with	
the provisions of all statutes relative to the proper and compl	ete performance of my duties, and I am familiar with and	
accept the obligations of my position as registered agent as p	rovided 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.		

Page 1 of 2

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 = Manager

MGRM = Managing Member

Title <u>Name</u> <u>Address</u> Type of Action Synod T. Phahla MGR ☐ Add ☑ Remove 2151 Michelson Drive, Suite 220 Irvine CA 92612 Esther N Phahla MGR 2151 Michelson Drive, Suite 220 Remove Irvine, CA 92612 Thina Family Limited Partpership 2360 Corporate Circle, Ste 400 MGR ☐ Remove Henderson, NV 89074 MGRM \square Add Remove ∏]Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member N. Phatha
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00