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S. HAWKES

JUL 2,8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Molave Enterprise LLC			
Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
James Goodard Name of Person			
James Goddard, CPA Firm/Company			
Firm/Company			
6108 26th St. West #4			
Address			
Bradenton, FL 34207 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
James Goodard at (941) 755-4414 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \times \$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \text{\$\subseteq \text{\$\subseteq \seteq \seteq \seteq \text{\$\subseteq \text{\$\subseteq \text{\$\subseteq \seteq \sete			

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Molave Enterp				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	rds.)		
The Articles of Organization for this Limited Liability Comproved Florida document number	pany were filed on 7 29 200	and assigned TLED		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:	Mr. 29		
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," the design	nation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	3891 Springs Fremont, CA	feld Common		
(Principal office address MUST BE A STREET ADDRES	Fremont, CA	94555		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3891 Springfiel Fremont, CA	d Common 94555		
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:	James Goddard			
New Registered Office Address: (0 0	8 26th St. West	#4		
RM	Enter Florida sta	24207		
Div	City , Flo	rida <u>TTOO T</u> Zip Code		
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered R	gent:			

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 Rogistered 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 <u>Title</u> <u>Name</u> **Address** Type of Action Michael MGR Springfield Common Add Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change for the two members (Isabelle Gan) Fremont Dated_ Signature of a member or authorized representative of a member LSabelle Gray
Typed or printed name of signee Lsabelle

Page 2 of 2

Filing Fee: \$25.00