## L11000125301

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
GUD IOCT	MA	UIVA39, LLC	
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IRIT VIZER		
		Name of Person	
	VIAAIR, LLC		
	<u> </u>	Firm/Company	<del> </del>
	218 JACKSON STREET		
		Address	<del></del>
	MAITLAND, FL 32751		
		City/State and Zip Code	
	IRIT@FLYVIAAIR.COM		
	E-mail address: (1	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
IRIT VIZER		407 374-2429 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

	UIVA39, LLC	
(Name of the Limited Liab (A Flor	illity Company as it now appears on out ida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 11/03/201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
VIA39, LLC The new name must be distinguishable and contain the words "L	imited Liebility Company "the designation	on "I I C" or the obbraviation "I I C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regressered agent and/or the new registered office ad		records, enter the name of the n
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida stree	et 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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} = \mathbf{A}$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			Add
			□ Remove
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ctive date, if other than the date of effective date is listed, the date must be spected in this block does	of filing: cific and cannot be prior to date of filing or es not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.
If the date inserted in this block doe	es not meet the applicable statutory fili	<b>(optional)</b> more than 90 days after filing.) Pursuant to 605. ing requirements, this date will not be liste
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