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JUL - 1 2014

T. BROWN

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

MAUIVA AIREXPRESS, 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:

RONNIE J. BITMAN, ESQUIRE

Name of Person

PEARSON BITMAN LLP

Firm/Company

485 N. KELLER ROAD, SUITE 401

Address

MAITLAND, FL 32751

City/State and Zip Code

rbitman@pearsonbitman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONNIE J. BITMAN, ESQ.

.,407<u>.</u>647-0090

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

ASSON SIND PHONE OF SIND PHONE

MAUIVA AIREXPRESS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company were filed on _	FEBRUARY 3, 2014 and assigned
Florida document number L14000018710	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company	<u>here</u> :
The new name must be distinguishable and end with the	words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered office address	on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	485 N. KELLER ROAD	
		lorida street address
	MAITLAND	Florida 32751
	Ciţv	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>: MGR = Manager AMBR = Authorized Member <u>Name</u> <u>Address</u> Type of Action <u>Title</u> □ Add

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(The effective the date the	we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00