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Da	ate:	04/29/2025	- 4: CDW
		Acc#I20160000072	
Name:	Metrea Fac	ilities LLC	
Document #:			
Order #:	16273702		
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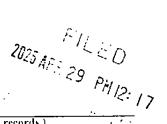
COVER LETTER

TO: Registration S Division of Co					
	cilities LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles o	f Amendment and fee(s) are subi	nitted for filing.			
	ondence concerning this matter				
	Jacqueline Fisher				
		Name of Person			
	Metrea Management LLC				
		Firm/Company	 _		
	1222 22nd St. NW Suite 30	0			
		Address	 		
	Washington DC 20037				
		City/State and Zip Code			
	jfi@metrea.aero				
For further information	concerning this matter, please concerning this matter.	to be used for future annual report noti all:	ireation)		
	-				
Name	of Person	at () Area Code Daytim	e 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)		
<u>Mailing Addi</u> Registration		<u>Street Address:</u> Registration Sc	ection		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6. Tallahassee			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Metrea Facilities LLC

(A Fiorida Limited Landite Companies (A Fiorida Limited La	ability Company)	
The Articles of Organization for this Limited Liability Company viriliand document number L16000162810	were filed on August 31, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	r the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	- 1 ,	,
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	ee to act in this capacity. I furt performance of my duties, and provided for in Chapter 605, F.	S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Joseph I. Farina	1222 22nd St NW Suite 300	
		Washington DC 20037	□Remove
			□Change
VP	William P. Hunt	1222 22nd St NW Suite 300	
		Washington DC 20037	□Remove
			Change
VP	Brian L. Henley	1222 22nd St NW Suite 300	Ø∆dd
		Washington DC 20037	□Remove
			Change
			Remove
			Change
			□ Add
			□Remove
			Change
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Effective date, if other than the control of the effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	be specific and cannot be ck does not meet the a	ipplicable stati	filing or more than to	(optional) 90 days after filing.) Purements, this date wil	rsuant to 605.0207 (3)(1 I not be listed as the
the record specifies a delayed effective word is filed.	date, but not an effect	tive time, at 12	2:01 a.m. on the ea	nrlier of: (b) The 90	Ith day after the
Dated April 24	2025				
de fr	Signature of a member o	r authorized rep	resentative of a mer	nber	

Filing Fee: \$25.00