M09000002138

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE

MAR 1 3 2015

T. HAMPTON

COVER LETTER

Registration Section

TO:

Division of Corporations			
_{SUBJECT:} Mauiva, LLC			
	n Limited Liabil	ity Company	•
Dear Sir or Madam:			
The enclosed application, certificate and fee(s)	are submitted fo	r filing.	
Please return all correspondence concerning this	is matter to the fo	ollowing:	
Irit Vizer			
Name of Person			
Mauiva, LLC			
Firm/Company			
218 Jackson Street			
Address			
Maitland FL, 32751			
City/State and Zip Code	•		
irit@flyviaair.com			
E-mail address: (to be used for future annual	report notificati	on)	
For further information concerning this matter,	please call:		
Irit Vizer	_{at (} 407	374-2429)
Name of Person		& Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
Enclosed is a check for the following amount □ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status CR2E055 (12/14)	t: \$55 Filing Certified C	opy Cer	Filing Fee, tificate of Status & tified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2015

IRIT VIZER 218 JACKSON ST MAITLAND, FL 32751

SUBJECT: MAUIVA LLC Ref. Number: M09000002138 NEC MAR 10 MAIO 00

We have received your document for MAUIVA LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 815A00004166



RECEIVED 15 FEB 23 AM 10: 00

BUREAU OF COMMERCIAL INFORMATION SERVICES

February 13, 2015

IRIT VIZER MAUIVA, LLC 218 JACKSON ST MAITLAND, FL 32751

SUBJECT: MAUIVA LLC Ref. Number: M09000002138

We have received your document for MAUIVA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 615A00003129

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name o	e of limited liability Company as it appears on the records of the Florida Department	of
State:	Mauiva, LLC	_
2. The Florida	a document number of this limited liability company is: M0900002138	-
3. Jurisdiction	on of its organization: Delaware	
4. Date author	orized to do business in Florida: 06/04/2009	-
	I (5-9 complete only the applicable changes)	
5. New name	e of the limited liability company: ViaAir LLC (must contain "Limited Liability Company, " "L.L.C.," or "LLC.	·)
(If name unavailable consent of the mana Company," "L.L.C.	ble, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wri magers or managing members adopting the alternate name. The alternate name must contain "Limited Liability	ten
	C." or "LLC.")	
	C." or "LLC.") Ig the registered agent and/or registered officer address on our records, enter the name tered agent and/or the new registered office address here:	<u>e of</u>
the new registe	g the registered agent and/or registered officer address on our records, enter the nam	<u>e of</u>
the new register Name of New	og the registered agent and/or registered officer address on our records, enter the name tered agent and/or the new registered office address here: v Registered Agent: red Office Address:	<u>e of</u>
the new register Name of New	red Office Address: Enter Florida Street Address Enter Florida Street Address	<u>e of</u>
the new register Name of New	og the registered agent and/or registered officer address on our records, enter the name tered agent and/or the new registered office address here: v Registered Agent: red Office Address:	<u>e of</u>
Name of New New Registere New Registere I hereby accep comply with th duties, and I an provided for in	g the registered agent and/or registered officer address on our records, enter the nattered agent and/or the new registered office address here: W Registered Agent: Ted Office Address: Enter Florida Street Address City Total Tip Code Ted Agent's Signature, if changing Registered Agent: The appointment as registered agent and agree to act in this capacity. I further the provisions of all statutes relative to the proper and complete performance of mam familiar with and accept the obligations of my position as registered agent as in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change of the address, I hereby confirm that the limited liability company has been notified in the street agent and the street address.	ag y in

Fitle/ Capacity	<u>Name</u>	Address	Type of Action
			Add
			Remove
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aforementioned	Irit \	ted by the official having cu	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "MAUIVA, LLC", CHANGING

ITS NAME FROM "MAUIVA, LLC" TO "VIAAIR, LLC", FILED IN THIS

OFFICE ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2015, AT 10:49

O'CLOCK A.M.

4670857 8100

150114106

AUTHENTY CATION: 2080275

DATE: 01-29-15

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 10:49 AM 01/29/2015 FILED 10:49 AM 01/29/2015 SRV 150114106 - 4670857 FILE

STATE OF DELAWARE **CERTIFICATE OF AMENDMENT**

The Certificate as follows:	of Formation of the limited liability con	npany is hereby ame
VIAAIR , L	LC.	
<u> </u> 		
		used this Coutificate
	WHEREOF, the undersigned have exec	
IN WITNESS the 29	WHEREOF, the undersigned have executed and control of JANUARY	, A.D. 2015
	day of JANUARY	
	day of JANUARY By:	
	day of JANUARY By:	A.D. 2015 orized Person(s)