

M12000003301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

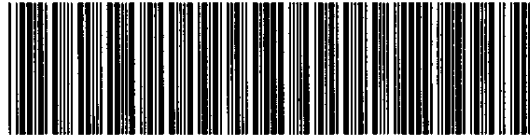
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAR 10 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2015
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MauivaAC1, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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 notification)

For further information concerning this matter, please call:

Irit Vizer

Name of Person

at (407) 374-2429

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2015

IRIT VIZER
MAUIVA LLC
218 JACKSON ST
MAITLAND, FL 32751

SUBJECT: MAUIVAAC1, LLC
Ref. Number: M12000003301

RECEIVED
15 MAR 10 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for MAUIVAAC1, 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 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: 515A00004166



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 FEB 23 AM 10:00

REGISTRATION
BUREAU OF COMMERCIAL
INFORMATION SERVICES

February 13, 2015

IRIT VIZER
MAUIVAAC1, LLC
218 JACKSON ST
MAITLAND, FL 32751

SUBJECT: MAUIVAAC2, LLC
Ref. Number: M12000003305

We have received your document for MAUIVAAC2, 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: 315A00003129

**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 of limited liability Company as it appears on the records of the Florida Department of State: MauivaAC1, LLC
2. The Florida document number of this limited liability company is: M12000003301
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 06/12/2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Via652 LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____
Enter Florida Street 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

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15 MAR 10 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Irit Vizer

Typed or printed name of signee

Filing Fee: \$25.00

FILED
15 MAR 10 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 "MAUIVAAC1, LLC", CHANGING ITS NAME FROM "MAUIVAAC1, LLC" TO "VIA 652, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF DECEMBER, A.D. 2014, AT 4:29 O'CLOCK P.M.

4988892 8100

141525687

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1950525

DATE: 12-11-14

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:29 PM 12/11/2014
FILED 04:29 PM 12/11/2014
SRV 141525687 - 498892 FILE

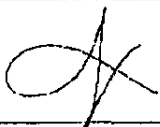
STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: MAUIVAAC1, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

VIA 652, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 11 day of DECEMBER, A.D. 2014.

By: 
Authorized Person(s)

Name: IRIT VIZER
Print or Type