

From:

L10000045637

08/10/2010 11:35

#750 P.001/003

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000179969 3)))



H100001799693ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : I20000000088  
Phone : (800)221-0102  
Fax Number : (212)564-6083

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

10 AUG 10 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WWD BOOKINGS LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 AUG 10 AM 8:10

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

AUG 11 2010

8/10/2010

EXAMINER

From:

08/10/2010 14:35

#750 P.002/003

((H10000179969 3))

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

WWD Bookings LLC

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

FILED  
10 AUG 10 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 28, 2010 and assigned Florida document number L10000045637

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

110 E Broward Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Ft. Lauderdale, Florida 33301

Enter new mailing address, if applicable:

110 E Broward Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Ft. Lauderdale, Florida 33301

**B. If amending the registered agent and/or registered office 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:

David Pearmain

New Registered Office Address:

531 SW 18th Avenue, Unit 41

(Enter Florida street address)

Ft. Lauderdale, Florida 33312

Florida

33312

(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 608, 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)

((H10000179969 3))

From:

08/10/2010 14:35

#750 P.003/003

((H10000179969 3)))

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

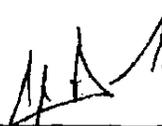
Title	Name	Address	Type of Action
MGR	David Pearmain	2648 Bayview Avenue	<input type="checkbox"/> Add
		Toronto M2L 1B9	<input checked="" type="checkbox"/> Remove
		Ontario Canada	
MGRM	David Pearmain	531 SW 18th Avenue, Unit 41	<input checked="" type="checkbox"/> Add
		Fl. Lauderdale, Florida 33312	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 AUG 10 AM 8:10

FILED

Dated July 28, 2010 

\_\_\_\_\_  
Signature of a member or authorized representative of a member

**David Pearmain, Managing Member**  
\_\_\_\_\_  
Typed or printed name of signer

((H10000179969 3)))