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SECRETARY OF STATE

MIG 1 9 2014

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: World Wide Mediation Service, 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:
Toney Calhous
World Wide Mediation Firm/Company
7749 Normandy Blud Suite 334
Jacksonville, Florida 32221 City/State and Zip Code
Will dwide mediation a gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tony (alhous at (754) 202-7158 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\Bigcup \text{(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
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World Wide Media	ation Dervice LLC Liability Company as it now appears on our records.)		
(A)	Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	ility Company were filed on 11/22/2013	and assi	igned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company here:		
Billups ASDC worldwide medic The new name must be distinguishable and end with the wor	ation Service LLC. rds "Limited Liability Company," the designation "LLC" or t	the abbreviation "L	L. <u>C</u> ."
Enter non-nuincinal offices address if annicable	I	14	IV:SE
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	ADDRESS)	<u> </u>	<u> </u>
			
		<u> </u>	경 6년
Enter new mailing address, if applicable:		1.5	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
			
B. If amending the registered agent and/or registered agent and/or the new registered office		ter the name	of the new
registered agent and/or the new registered office	e address nere.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Reg	ristered 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, enter the title, name, and address of each Manager or •Authorized Member being added or removed from our records:

MGR = Manager

AMBR = .	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
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		n the date of files, cannot be prior to the Florida Departm		t or filed date and	cannot be more that	(optional) in 90 days after
he date this d	ocument is filed by		nent of State)		cannot be more tha	(optional) in 90 days after
	ocument is filed by	the Florida Departs	ment of State)	·	cannot be more that	

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Filing Fee: \$25.00