

M97000000426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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08 APR 25 PM 12:47  
STATE  
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TALLAHASSEE, FLORIDA

B. KOHR  
APR 25 2008  
EXAMINER

FILED  
08 APR 25 PM 4:30  
STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 545807 7545938

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED  
08 APR 25 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : April 25, 2008

ORDER TIME : 11:20 AM

ORDER NO. : 545807-010

CUSTOMER NO: 7545938

FOREIGN FILINGS

NAME: GALILEO INTERNATIONAL, L.L.C.

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

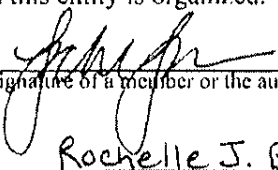
1. Name of limited liability company as it appears on the records of the Florida Department of State: Galileo International, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 07/11/1997

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 04/18/2008
5. New name of the limited liability company: Travelport International, LLC  
(must end with "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 end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: \_\_\_\_\_  
\_\_\_\_\_
9. Attached is an original certificate, 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 a member or the authorized representative of a member

Rochelle J. Boas

Typed or printed name of signee

**Filing Fee: \$25.00**

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# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID, FILED A, CHANGING ITS NAME TO "TRAVELPORT INTERNATIONAL, LLC", THE TWENTY-FIFTH DAY OF APRIL, A.D. 2008, AT 11:08 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



2772431 8320

080471124

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6548335

DATE: 04-25-08