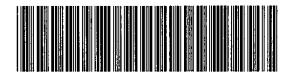
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COVER LETTER

is the second se		<i>:</i>		.4*
TO: Registration Section Division of Corpora				
SUBJECT: New (nunications Granted Liability Company	oup, LLC	
The enclosed Articles of Ame	endment and fee(s) are su	bmitted for filing.		
Please return all corresponder	nce concerning this matter	r to the following:		
		B. Kane, Esq. Name of Person B. Kane, P.A. Firm/Company		-
	P.O. Box	268		居留 动
-				特值也
	Winter to	ark, Florida 3	32790	TILEU Jun 18 M
		City/State and Zip Code		
	E-mail address:	(to be used for future annual repo	ort notification)	
For further information conce	erning this matter, please	call:		
Michelle B. Ka Name of Per Constantine	ne Gikas	at (407) 49 Area Code 1	93-9872 Daytime Telephone Number 764-1940	(or)
Enclosed is a check for the fo	llowing amount:			
☐ \$25.00 Filing Fee ☐	3 \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	,⊠ \$60.00 Fi	ling Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New World Communication (Name of the Limited Liability Companied (A Florida Limited	ons Group LLC	<u>ds.</u>)
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on June 9,	2015 and assigned
Florida document number <u>L1 5 000 1 00 884</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Pangaia Communication	ns LLC.	
The new name must be distinguishable and contain the words "Limited Liabi		C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		下沒 访
		3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	<u> </u>
B. If amending the registered agent and/or registered o	ffice address on our record	ds antar the name of the new
registered agent and/or the new registered office address her		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** _□ Add □ Remove ☐ Change □ Add _□ Remove _□ Change □ Remove ___ Change Add) □ Remove ☐ Change □ Add ☐ Remove _□ Change

_□ Add

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Filing Fee: \$25.00