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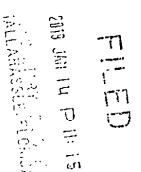
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COVER LETTER

Division of Co	rporations			
	R PANGEA LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	ANA AGUILAR			
	DISCOVER PANGEA LLC	Name of Person	22	
	244 MISSISSIPPI WOODS	Firm/Company LANE	SSS THE BIBL	
	ORLANDO, FL 32824	Address	P III	()
		City/State and Zip Code	i: · • • • • • • • • • • • • • • • • • •	
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please ca	all:		
ANA AGUILAR		~^/ \		
Name (of Person	at () Area Code Daytimo	: Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DICOVER PANGEA LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L18000286890	were filed on 12/14/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DISCOVER PANGEA LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7. 5
		2
		6 1
Enter new mailing address, if applicable:		
••	· · · · · · · · · · · · · · · · · · ·	77.
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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

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>	<u>Address</u>	Type of Action
<u> </u>			
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fective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the application	r to date of filing or more than 90 days after filing.) Pursuant to 605.026 cable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's records	5.
record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier
JANUARY 09 2019	
21 Oh d	 ·
	norized representative of a member

Page 3 of 3

Filing Fee: \$25.00