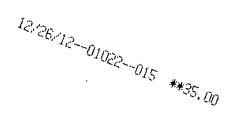
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Amend

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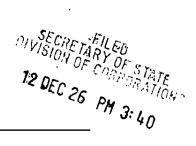
T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: P	ANGAEA T	RAVEL & LEIS	SURE INC.
	000095148		
The enclosed Articles of Amendmen	at and fee are submi	tted for filing.	
Please return all correspondence cor	cerning this matter	to the following:	
MARK F	R. COLODN	IE	
	1	Name of Contact Person	n
GLOBA	L TAX SER	VICES, INC.	
		Firm/ Company	
8177 GI	LADES ROA	AD - SUITE 22	20
		Address	
BOCA F	RATON, FL.	33434	
		City/ State and Zip Cod	e
10)//10 0 1			
ICXMC@A			
E-mail a	ddress: (to be used t	for future annual report	notification)
For further information concerning t	his matter, please ca	all:	N
MARK R. COLODNE		_{at (} 561	, 483-1703
Name of Contact Per	son	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	g amount made paya	able to the Florida Depa	artment of State:
-	cate of Status	1\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



PANGAEA TRAVEL & LEISURE INC.

				70
(Name of Corporation as current	ly filed with the Florida	Dept. of State)		
P12000095148				
(Document Number	r of Corporation (if knowr)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida</i>	Profit Corporation ado	pts the following a	mendment(s) to
A. If amending name, enter the new name of the	e corporation:			
			T	he new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	orp," "Inc," or "Co". A			
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)			
D. If amending the registered agent and/or reginew registered agent and/or the new register		Florida, enter the name	of the	
Name of New Registered Agent				
	(Florida street addr	ess)		
New Registered Office Address:	(0)	, Florida		
	(City)		(Zip Code)	
	.			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		l accept the obligations of	of the position.	
Signature o	f New Registered Agent, ij	changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	PD ALDO AMPUERO	1342 VERACRUZ LANE
Add		WESTON, FL. 33327
X Remove	•	
2) Change	PD Nathalie Kornbluth.	1342 VERACRUZ LANE
X Add		WESTON, FL. 33327
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
Change		
6) Change		
Add		
Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s)	adoption: 12/01/2012
Effective date <u>if applicable</u> : 1	2/01/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated_12/11	/2012
Signature	Aldo Compune
(By a selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	ALDO AMPUERO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)