## L110000008156

| (Requestor's Name)                                    |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)   |  |  |  |  |  |
| (Address)   |  |  |  |  |  |
| (City/State/Zip/Phone #)                              |  |  |  |  |  |
| PICK-UP WAIT MAIL                                     |  |  |  |  |  |
| (Business Entity Name)                                |  |  |  |  |  |
| (Document Number)                                     |  |  |  |  |  |
| Certified Copies Certificates of Status               |  |  |  |  |  |
| Special Instructions to Filing Officer:               |  |  |  |  |  |
| Special Instructions to Filing Officer:  A DOODS 17 2 |  |  |  |  |  |

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2011 MAR - 2 PM 12: 2
SECRETARY OF STATE

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J. SAULSBERRY EXAMINER

MAR 0 2 2011

## **COVER LETTER**

TO:

**Registration Section** 

| Division of Co                         | rporations  |   |  |
|--|---|---|--|
| SUBJECT:                               | SCUBE INTERNA   | ATIONAL TRADING, LLC  |  |
|  |   | ited Liability Company  |  |
| The enclosed Articles of               | f Amendment and fee(s) are sul                        | bmitted for filing.   |  |
| Please return all corresp              | ondence concerning this matter                        | to the following:   |  |
|  | Senthi  | ilkumar P Kandampalayam   |  |
|  |   | Name of Person  |  |
|  | SCUBE IN  | TERNATIONAL TRADING, LLC  |  |
|  |   | Firm/Company  |  |
|  | 5   | 5663 Braveheart Way   | ZE 2011  |
|  |   | Address   | CRE AH   |
|  | т   | allahassee, FL 32317  | 2011 MAR -2 PM 12: 26 SECRETARY OF STATE ALLAHASSEE, FLORIDA                             |
|  |   | City/State and Zip Code   | P<br>OF  |
|  | senthil@s   | scubeinternationaltrading.com to be used for future annual report notification) | PH 12: 21 OF STATE   |
| For further information                | concerning this matter, please of                     | •   | RIDA<br>RIDA   |
| Senthilkum                             | ar P Kandampalayam                                    | at ( 850 ) 228-6  | 6651   |
|  | of Person   | Area Code & Daytime Teleph  | one Number   |
| Enclosed is a check for                | 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) |
| Regist<br>Divisi                       | ING ADDRESS:<br>tration Section<br>on of Corporations | STREET/COURIER AD Registration Section Division of Corporations                 | DRESS:   |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   | Clifton Building<br>2661 Executive Center Cir                                   | rele   |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SCUBE I   | NTERNATIONAL TRADI   | NG, LLC                  |                          |
|---|--|--------------------------|--------------------------|
| (Name of the Limite   | d Liability Company as it now appe<br>A Florida Limited Liability Company) | ars on our records.      |                          |
| The Articles of Organization for this Limited I                                       | Liability Company were filed on  | 01/20/2011               | and assigned             |
| Florida document number L1100000  | <u>8156</u> .  |                          |                          |
| This amendment is submitted to amend the fol  | lowing:  |                          |                          |
| A. If amending name, enter the new name of  | of the limited liability company he  | ere:                     |                          |
| The new name must be distinguishable and end w "L.L.C."                               | ith the words "Limited Liability Comp                                      | pany," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if appli   | cable:   |                          | 26<br>1A                 |
| (Principal office address MUST BE A STRE  |  |                          | FEC I                    |
|   |  |                          | HAR T                    |
|   |  |                          | T-2 -                    |
| Enter new mailing address, if applicable:   |  |                          |                          |
| (Mailing address MAY BE A POST OFFICE   | S BOX)   |                          | <u> </u>                 |
|   | <u></u>  |                          | <u>Şm</u> 26             |
| B. If amending the registered agent and registered agent and/or the new registered of |  | our records, enter       | the name of the new      |
| Name of New Registered Agent:   | Senthilkumar P Kandamp   | alayam                   |                          |
| New Registered Office Address:  | 5663 Braveheart Way  |                          |                          |
|   | E  | nter Florida street ada  | lress                    |
|   | Tallahassee  | , Florida                | 32317                    |
|   | 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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u>                                | Address  | Type of Action                                 |
|--------------|--|--|--|
| MGR          | SURESHKUMAR PALANISAMY                     | 1995 E COALTON RD, APT 40-102<br>SUPERIOR CO 80027 US      | □ Add<br>☑ Remove                              |
| MGR_         | SURESH PALANISAMY                          | 1995 E COALTON RD, APT 40-102<br>SUPERIOR CO 80027 US      | ✓ Add ☐ Remove                                 |
| MGR          | SIVAKUMAR PALANISANY                       | BLK 290 A, #12-18 COMPASSVALE C<br>SINGAPORE SG 54129-0 SG | Add  ✓ Remove                                  |
| MGR          | SIVAKUMAR THALAKARIPUDUR<br>PALANISAMY     | BLK 290 A, #12-18 COMPASSVALE Q<br>SINGAPORE SG 54129-0 SG | ¥  |
|              |  |  | Add<br>Remove                                  |
| <del>_</del> | ·  |  | Add<br>Remove                                  |
| D. If amen   | nding any other information, enter change( | s) here: (Attach additional sheets, if necessary.)         | FILED 2011 MAR -2 PM 12: 26 SECRETARY OF STATE |
| Dated        | March 02 . 201                             | <u>1</u> .   | _  |
|              | Signature of a member of                   | r authorized representative of a member                    | <del></del>                                    |
|              |  | ar P Kandampalayam printed name of signee                  |  |
|              | . y ped or                                 | himmer manie or arginee                                    |  |

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Filing Fee: \$25.00