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## **COVER LETTER**

TO:	Registration So Division of Con					
CUD IE		osea Connectors LLC				
SUBJE	CI:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
		Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:				
		Sarah Filler			<b>16</b>	
			Name of Person			
		Reed Smith LLP				
			Firm/Company			
		10 S. Wacker Drive, 40th	Floor			ت
			Address	•	- 誤 56	
		Chicago, IL 60606				
		.CllanQues dessists com	City/State and Zip Code		_	
		sfiller@reedsmith.com E-mail address: (	to be used for future annual report not	ification)		
For furt	her information o	concerning this matter, please c	·	,		
Sarah I	Filler		312 207-3929			
	Name o	of Person	Area Code Daytim	ne Telephone Numbe	er	
Enclose	ed is a check for t	he following amount:				
<b>■</b> \$25	5.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	
	Regist Divisio P.O. B	LING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle		

FL055 - M6/2015 Wolters Kluwer Online

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pontus Subsea Connectors LLC				
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on our re ability Company)	ecords.)	
The Articles of Organization for this Limited Liab Florida document number L16000001287	oility Company v	were filed on December 31	1, 2015	_ and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabil	ity company here:		
The new name must be distinguishable and contain the work	ds "Limited Liabili	y Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicab	ole:	395 S. Atlantic Avenue, S	uite 406	
(Principal office address MUST BE A STREET.		Ormond Beach, FL 32176	5 :- <u>C</u>	
Enter new mailing address, if applicable:		P.O. Box 731136	پيدرنۍ د د د د د د د د د د د د د د د د د د د	
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	Ormond Beach, FL 32173		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			eorus, <u>enter tir</u>	e name of the nev
-	705 C. Atlantia	Avanua Suita 406		
New Registered Office Address:	395 S. Atlantic Avenue, Suite 406  Enter Florida street address			
	Ormond Beach	, Florida <sup>32176</sup>		5
		City	_, 1 101144	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the change i	and complete pered agent as pered agent as pered office of the contract of the contract and	performance of my dutie rovided for in Chapter (	rs, and I am fan 805, F.S. Or, if	niliar with and this document is
	If Chan	ging Registered Agent, <u>Signa</u>	iture of New Regis	tered Agent

Page 1 of 3

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
MGR	James L. Cairns	395 S. Atlantic Avenue, Suite 406	
		Ormond Beach, FL 32176	□ Remove
			Change
			Add
			☐ Remove
			Change
			Addin
			Remove
			Change
			🗆 Add
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			Change
	······································		Add
		·	Remove
			Change
			Add
			☐ Remove
			☐ Change

. it amending any other i	nformation, enter change(s) here: (Attach additional sheets, if necessary.)	
		<u> </u>
		_
		<del></del>
	24.4 (F) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	- <del>CD</del> -
		·
		+ 55 + 55 + 55
		_
		<del></del>
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Note: If the date inserted i	han the date of filing:	605.0207 (3)(b) listed as the
f the record specifies a c b) The 90th day after t	delayed effective date, but not an effective time, at 12:01 a.m. on the ear the record is filed.	rlier of:
Dated January 13	2016	
Jone	Signature of a member or authorized representative of a member	
James L. Cairns		
James L. Calms	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00