



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KLP INDUSTRIES LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL A. SUAREZ  
Name of Person  
KLP INDUSTRIES LLC  
Firm/Company  
5151 COLLINS AVE. APT 832  
Address  
MIAMI BEACH, FLORIDA 33140  
City/State and Zip Code  
BRITISHOIL@AOL.COM  
E-mail address: (to be used for future annual report notification)

FILED  
2012 MAY 25 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MICHAEL A. SUAREZ at ( 305 ) 868-9599  
Name of Person Area Code & Daytime Telephone 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)

**MAILING ADDRESS:**  
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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WEST INDIES PETROLEUM <i>- WEST INDIES PETROLEUM COMPANY -</i>	95 MERRICK WAY, SUITE 600 CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MICHAEL A. SUAREZ	95 MERRICK WAY SUITE 600 CORAL GABLES, FLORIDA 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2012 MAY 25 AM 8:42  
 FILED

Dated MAY 22, 2012

*Michael A. Suarez*

Signature of a member or authorized representative of a member

MICHAEL A. SUAREZ

Typed or printed name of signee