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SECRETARY OF STATE DIVISION OF CORPORATIONS

MAR 8 9 2011
EXAMINE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Suspenders U.S.A. L.L.C. Name of Limited Liability Company
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:
Alberto E. Argomaniz. Name of Person
Name of Person Suspenders U.S.A. LLC. Firm/Company 792/ S.D. 110th tenace. Address
1921 S.W. 110th tenace.
Mi ami flouda. City/State and Zip/Code
City/State and Zip/Code City/State and Zip/Code Cegoman be/South. Her. E-mail address: (toge used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \text{\$\ \} \text

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Suspenders U.S. A. L.L.C.
(Name of the Limited Liability Company as it now appears on our records.) (A Plorida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 4/24/2009 and assigned Florida document number 40960003991/.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrecation "LLC".
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:
New Registered Office Address: 79°2/5'. W. 110th Legace
mier riorida street address M; Am; Florida L. 33NG City Zip Code
New Registered Agent's Signature if changing Degistered Agents

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 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>	Name	Address	Type of Action
MGRM	Robers Michael Fon	Address der 3020 S.W. 106AUL MIAMI, FL 33165	Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
	·		_□Add _□Remove
			Add Remove
D. If amendin	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	DIVISIO 11/H
			11,MAR 28 AM
	2000 l 21/Th- 20		OF STATE REPORATIONS
Dated	March 24th 2,0 Q. Grass Signature of a member or	authorized representative of a member	
_	Alberto A	R GOM AN 1 Z . printed name of signee	

Page 2 of 2

Filing Fee: \$25.00