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TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

JAN \_3\_ 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Suspenders USA, 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:

Alberto E. Argomaniz  
Name of Person

Suspenders USA, LLC  
Firm/Company

7921 S.W. 110 Terr.  
Address

Miami, FL 33156  
City/State and Zip Code

Argoll@mac.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Alberto Argomaniz at (305) 271-3434  
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

Suspender USA, LLC.

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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>                                                      |
|--------------|-----------------------|---------------------------------------|----------------------------------------------------------------------------|
| MGRM         | Robert Michael Fender | 3020 S.W. 106 Ave.<br>Miami, FL 33165 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                       |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                       |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                       |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                       |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                       |                                       | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_,

  
 Signature of a member or authorized representative of a member  
 Alberto E. Argomaniz MGR mem  
 Typed or printed name of signee