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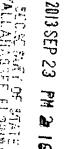
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TO:

Registration Section **Division of Corporations**

HASA 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:

HECTOR SUEYRO

Name of Person

HASA USA LLC

Firm/Company

8421 NW 70 STREET

Address

DORAL, FL 33166

City/State and Zip Code

HASAUSA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HECTOR SUEYRO

at (305) 458-4737
Area Code & Daytime Telephone Number

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HASA USA LLC		K		
(Name of the Limited Liability (A Florida	Company as it now appears on our required Liability Company)	cords.)		
		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ticles of Organization for this Limited Liability Company were filed on FLORIDA and assigned document number L13000082247 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: w name must be distinguishable and end with the words "Limited Liability Company." the designation "LLC" or the abbreviation new principal offices address, if applicable: India office address MUST BE A STREET ADDRESS)			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the des	ignation "LLC" or the abbreviation		
Fater new principal offices address if applicable		28		
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		1,54 W		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		© ± ₩		
		pr. o		
		s, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		lorida		
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title MGR	MATIAS CRUZ	Address 8421 NW 70 STREET DORAL, FL 33166	Type of Action Add Remove
MGRM	HECTOR SUEYRO	8421 NW 70 STREET DORAL, FL 33166	Add Remove 2013 SEP 23 Remove
			Remove Add Remove
			Add
			Add

	ending any other information, enter change(s) here: (Auach additio				
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edb	9/13/13				
	Signature of a member or authorized representative HECTOR SUEYRO Typed or printed name of Legrace	e of o number	.Hense		
	Page 3 of 3				••
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