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(Re	equestor's Name)	
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(Do	cument Number)	
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D. BRUCE

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EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	HANA	ACE USA, LLC		
		nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	abmitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
	HORACIO SOSA			
		Name of Person		
•	BLOOMGAR	BLOOMGARDEN, GOUDREAU & ROSEN, P.A.		
		Firm/Company		
	8551 W.	SUNRISE BLVD., SUITE 208		
		Address	******	
			Ps t	
	PI	LANTATION, FL 33322	— AR II	
		City/State and Zip Code		
		hsosa@lawbgr.com (to be used for future annual report notification)	SEP [
T 6 4 1 6 4		•	AM U: 4	
For further information	concerning this matter, please of	call:		
но	RACIO SOSA	at (954) 370-2222		
	of Person	Area Code & Daytime Telephone N		
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed)	00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed)	
Regist	ING ADDRESS:	STREET/COURIER ADDRE Registration Section	SS:	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallah	assee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HA	NACE USA, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	1/29/2010	and assigned
Florida document number L10000011108	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	·
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			A S
(Principal office address MUST BE A STREET AD)	ORESS)		
			ASS -
Enter new mailing address, if applicable:			F R IT
(Mailing address MAY BE A POST OFFICE BOX)	 		SS E O
			DF F
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ei	nter Florida street add	lress
	- Cu	, Florida	7: 0 1
	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 = N	/Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	LILIA ACEVEDO	C/O 8551 W. SUNRISE BLVD. STE 805 PLANTATION, FL 33322	✓ Add ☐ Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessal	10 MAR -
			LED LAMBI: 44 YOF STATE
Dated	2/25/2010 Signature of a pr	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00