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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC

Account Number : I20070000099

Phone : (954)478-2706

Fax Number : (954)934-0334

Enter the email address for this business entity to be used for future = annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLACK WHITE AUTO LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	Registration Sec Division of Corp			
orum no c		HITE AUTO LLC		
SUBJEC	70:	Name of Limi	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		OSCAR M ORTIZ GARC	I.A.	
			Name of Person	
		AMBR		
			Firm/Company	
		4110 n pine island ri	O APT 217	•
			Address	
		SUNRISE, FL 33351		
			City/State and Zip Code	
		INFO@HISPANUSA.COM	1 to be used for future annual report noti	tication)
For furth	er information \circ	oncerning this matter, please of		,
OSCAR	m ortiz gar	CIA	305 321-7672 at ()	
	Name of	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section corporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACK WHITE AUTO LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/19/2016	and assigned
Florida document numberL16000174014		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MARLUZ COMPANY LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		-1 2
Enter new mailing address, if applicable:		1 - 2 i
(Mailing address MAY BE A POST OFFICE BOX)		-0 [1]
		
		77 72
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter (</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u> </u>	
I have by account the appointment as registered agent and am	ree to act in this capacity. I fur.	ther agree to comply with the

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 605, 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.

__ 🗆 Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add
			□Remove
			Change
			DA6d
			□ Remove
			Change
		<u> </u>	□Aċd
			□Remove
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Note:	(optional) ective date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cent's effective date on the Department of State's records.
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	OCTOBER 22 2020
Dated	Signature of a member or authorized representative of a member
	OSCAR M. ORTIZ GARCIA Typed or printed name of signee

Filing Fee: \$25.00