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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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C Kinsey

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GMACA INTERNATIONAL TRUCK 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:

JUAN DIAZ

\_\_\_\_\_  
Name of Person

DS BUSINESS CONSULTANTS LLC

\_\_\_\_\_  
Firm/Company

1489 SE 17TH STREET SUITE 2J

\_\_\_\_\_  
Address

FORT LAUDERDALE FL. 33316

\_\_\_\_\_  
City/State and Zip Code

juan.diaz@taxcareinc.com

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

For further information concerning this matter, please call:

JUAN DIAZ

954 256-8117

at ( )

\_\_\_\_\_  
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



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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GERARDO, DE LA FUENTE	10550 NW 74TH STREET UNIT 301 MIAMI, FL 33178	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

CORRECT SPELLING OF NAME MARCOS AURELIO BARBOSA BOUCHARD

PLEASE MAKE CORRECTION AND UPDATE ARTICLES.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record 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 record is filed.

Dated OCTOBER 8TH 2019

Signature of a member or authorized representative of a member

MARCOS AURELIO BARBOSA BOUCHARD

Typed or printed name of signer