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COVER LETTER

Division of Corporations GMACA INTERNATIONAL TRUCK LLC SUBJECT: 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 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, F1, 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

GMACA INTERNATIONAL TRUCK ELC

(Name of the Limite	d Liability Comp A Florida Limited	any as it now appears on a Liability Company)	our records.)	
The Articles of Organization for this Limited Lia	ability Company	were filed on 09/05/20	018	and assigned
Florida document number £18000211877	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited lial	oility company here:		
N/A				
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the design:	ation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		20
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
				- 0V
				26
Enter new mailing address, if applicable:		N/A		<u>0</u> ≥ .
(Mailing address MAY BE A POST OFFICE BOX)				۔ وب
				- i 39
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:			records, enter the	he name of the new
New Registered Office Address:	N/A			
		Enter Florida st	reet address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	Ę		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	r and complete tered agent as egistered office	e performance of my a provided for in Chapa	luties, and Lam fa ver 605, F.S. Or, ij	miliar with and Tthis document is
	If Cha	nging Registered Agent, S	ignature of New Regi	stered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GERARDO, DE LA FUENTE	10550 NW 74TH STREET UNIT301	
			■ Remove
			□ Change
			Add
			Remove
			Change
			Add
			□ Remove
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RELIO BARBOSA BOI				
	ete of filing: r specific and cannot be pro- does not meet the appl rtment of State's record ffective date, but in d is filed.	the of filing: It specific and cannot be prior to date of filing: It specific and cannot be prior to date of filing: It does not meet the applicable statutory rement of State's records If ective date, but not an effect of its filed. 2019 Institute of a member or authorized representations.	ate of filing: Expectify and cannot be prior to date of filing or more than 90 date does not meet the applicable statutory filing requirement of State's records If ective date, but not an effective time, at 12 d is filed. 2019 Characteristic of a member or authorized representative of a member	the of filing:

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