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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Con			
BAUXITE	III LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	RAFAEL CHIQUITO		
		Name of Person	
	RC CPA SERVICES COR	8	
Firm/Company			
1820 N CORPORATE LAKES BLVD STE 105			
		Address	
	WESTON, FL 33326		
	RCHIQUITO@PARAMOU		2024 JUN 24 SECRE 7/17/ TALL 611/
	E-mail address: (	to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	135 ×
RAFAEL CHIQUITO		954 9371637 at ( )	mber [ ]
Name o	f Person	Area Code Daytime Telephone Nu	mber 5
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fec, ificate of Status & ified Copy tional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAUXITE III LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our rec- lited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/26/2022	and assigned
lorida document number L23000000640		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 3901 PINECREST CT WESTON, FL 33331		STON, FL 33331
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable:	1820 N CORPORATE LAK	CES BLVD SUITE 105
Mailing address MAY BE A POST OFFICE BOX)	WESTON, FL	
		100 and
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records, <u>ent</u>	er the name of the new register
		THE O
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
		Florida
	,	Zin 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 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.

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>	Address	Type of Action
AMBR	PLAN CIS LP	100 UNIVERSITY AVE	<b>=</b> Add
		TORONTO, ONTARIO M5J IV6 CA	□Remove
			□ Change
MGR	BERNARDO CISNEROS	3901 PINECREST CT	🗏 Add
		WESTON, FL 33331	□Remove
			□Change
MGR	RAFAEL CHIQUITO	1820 N CORPORATE LAKES BLVD	□Add
		STE 105	Remove
		WESTON FL 33326	□Change
			□ Add
			Remove  Change  And Add  Remove
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an effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet the	be prior to da applicable	e of filing or mor	e than 90 days aft	ter filing.) Pur his date will	suant to 605.0
ocument's effective date on the Department of State's i	records.	<i>-</i>			
record specifies a delayed effective date, but not an effe t is filed.	ective time,	it 12:01 a.m. or	the earlier of:	(b) The 90	th day after t
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Filing Fee: \$25.00