

L23 000 000 640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

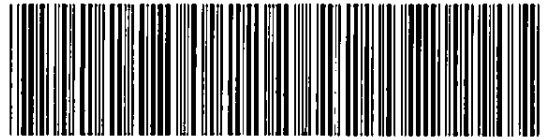
(Business Entity Name)

(Document Number)

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2024 JUN 24 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAUXITE III 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:

RAFAEL CHIQUITO

Name of Person

RC CPA SERVICES COR

Firm/Company

1820 N CORPORATE LAKES BLVD STE 105

Address

WESTON, FL 33326

City/State and Zip Code

RCHIQUITO@PARAMOUNT.TAX

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

For further information concerning this matter, please call:

RAFAEL CHIQUITO

954 9371637
at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUN 24 PM 4:16

6:11 PM

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	PLAN CIS LP	100 UNIVERSITY AVE	<input checked="" type="checkbox"/> Add
		TORONTO, ONTARIO M5J 1V6 CA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BERNARDO CISNEROS	3901 PINECREST CT	<input checked="" type="checkbox"/> Add
		WESTON, FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAFAEL CHIQUITO	1820 N CORPORATE LAKES BLVD	<input type="checkbox"/> Add
		STE 105	<input checked="" type="checkbox"/> Remove
		WESTON FL 33326	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2024 JUN 24 PM 4:16
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TALLAHASSEE, FL

2024 JUN 21 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FL

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 JUNE 07 2024

Signature of a member or authorized representative of a member

RAFAEL CHIQUITO

Typed or printed name of signee

Filing Fee: \$25.00