

215000452622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

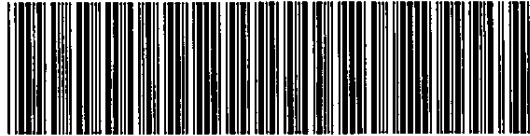
(Business Entity Name)

(Document Number)

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FILED  
15 OCT 30 PM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 30 2015

J SPAN

207



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2015

DAYLE BAUMEISTER  
614 GOODWIN AVE  
NEW SMYRNA BEACH, FL 32169

SUBJECT: BLUEZ MOTORSPORTS, LLC  
Ref. Number: L15000152622

We have received your document for BLUEZ MOTORSPORTS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 015A00021751

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bluez Motorsports, LLC  
Name of Corporation

**DOCUMENT NUMBER:** L15006152622

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dayle H Baumeister  
Name of Contact Person

Bluez Motorsports, LLC  
Firm/Company

614 Goodwin Ave  
Address

New Smyrna Beach, FL 32169  
City/State and Zip Code

Daylebaumeister@gmail.com  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dayle H Baumeister at ( 401 ) 383-2143  
Name of Contact Person                      Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input type="checkbox"/> \$35.00 Filing Fee                  | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Bluez MotorSports, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000152622

**THIRD:** Document to be corrected is: Dir of Corporations

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
- Dixie
- Address - 614 Goodwin, N3B7L 32169, moved to 1005 IV Dixie ~~freeway~~ <sup>N3B7L 32169</sup>
- AmBR - Dayle Baumeister, should be Mgr Dayle Baumeister
- AmBR - Should be Cecil W Simpson, Mgr Cathy Davenport should be removed.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

Dayle A Baumeister  
Signature of Authorized Representative

10/27/2015  
Date

15 OCT 20 PM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)