

L16000096367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

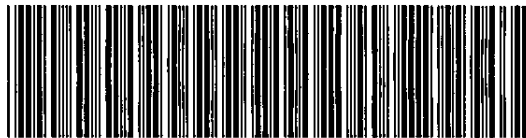
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Sign

Office Use Only



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2016 JUL 29 P 4: 34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 01 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2016

SCOTT LONG  
ACCOUNTING TECHS, INC.  
P.O. BOX 452144  
KISSIMMEE, FL 34745

SUBJECT: BLUE MOSAIC INVESTMENTS, LLC.  
Ref. Number: L16000096367

We have received your document for BLUE MOSAIC INVESTMENTS, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return 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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 816A00014757

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Mosaic Investments, LLC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Scott Long**

Name of Person

**Accounting Techs, Inc.**

Firm/Company

**PO Box 452144**

Address

**Kissimmee, FL 34745**

City/State and Zip Code

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

For further information concerning this matter, please call:

**Scott Long**

Name of Person

at ( **407** ) **343-5590**

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$30 Filing Fee &  
Certificate of Status

\$55 Filing Fee &  
Certified Copy

\$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**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: \_\_\_\_\_

Blue Mosaic Investments, LLC.

**SECOND:** The Florida Document number of the limited liability company is: L16000096367

**THIRD:** Document to be corrected is: Articles of Organization, article III & IV

**(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:

The registered agents name and the MGMB's name is spelled incorrectly.  
Spelling should be "HEBERT Camacho Romero"..NOT "HERBERT"

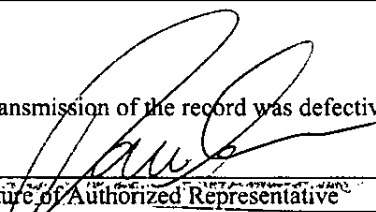
**OR**

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.

  
Signature of Authorized Representative

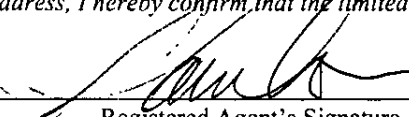
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TALLAHASSEE, FLORIDA

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)