

(((H24000392896 3)))



H240003928963ABCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet,

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.

Account Number : I20180000068

: (407)344~1012

Phone

Fax Number : (407)344-1371

\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.\*\*

$\Box$
22

<b>Email</b>	Address:	 			_	
	•					

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE MOSAIC INVESTMENTS, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

T. LEMIEUX

DEC - 2 2024

Electronic Filing Menu Corporate Filing Menu

Help

## **COVER LETTER**

H24001295926 203

IU:	Division of C			
SUBJ	BLUE M	OSAIC INVESTMENTS LLC		graph (Red Medical) (1997). The state of the
SUBJ.	ECI:	Name of Lin	nited Liability Company	
The en	closed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Diver			to the following:	
ricasc	return att corres	pondence concerning this matter	to the following.	
		ROBERT ACEVEDO		en e
			Name of Person	
		FREEDOMTAX ACCOU	NTING	
			Firm/Company	
		1016 EAST OSCEOLA P	ARKWAY,	
			Address	
	a tje E jedelj	: · ! · · · KISSIMMEE, FL 34744		
		,	City/State and Zip Code	
	;		•	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information	n concerning this matter, please c	all:	
	RT ACEVEDO		407 344-1012 at ( . · · )	-
	Name	of Person		Telephone Number
Enclos	ed is a check for	the following amount:		
<b>≡ \$</b> 2	5.00 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 Addr		Street Address:	.•
	Registration		Registration Sec	
	Division of P.O. Box 63	Corporations	д Division of Con The Centre of Т	
	Tallahassee		2415 N. Monroe Tallahassee, FL	Street, Suite 810

BLUE MOSAIC INVESTMENTS LLC

+2400059726943

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lizbil (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	:	•	
The Articles of Organization for this Limited Liability	Company were filed on 5/17/20	16-	and as	ssigned	
Florida document number L16000096367					,
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here:				
		•			
The new name must be distinguishable and contain the words "Lin	nited Liability Company." the design	ation "LLC" or the abb	reviation "l	L.L.C."	
Enter new principal offices address, if applicable:	}	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS	, ·	12		
	****		Ĉ.	<u> </u>	
	· 医线线检查器 1000年		N U		
Enter new mailing address, if applicable:	: }* 		<u>;</u> =	111	
(Mailing address MAY BE A POST OFFICE BOX)			→ ₹	5	
		70' ( 194 ) 1 <u> </u>	<u> </u>	<u>3</u>	٠
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our recor	ds, <u>enter the name</u>	of the ne	w register	ed
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida si	reei address			
	City	, Florida	Zip Code	<del></del>	

## New Registered Agent's Signature, if changing Registered Agent:

2. 61. 1 79.

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 Changing Registered Agent, Signature of New Registered Agent

CONTRACTOR OF A CONTRACTOR OF

1+ 240Cl2.	2959	Ŀĥ.	َر <sup>ب</sup> ي.	3

. . . .

Nov. 26. 2024 4:24?M

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
MGMB	ROCIO D. CASAS BELLO	1304 PAINTED BUNTING AVE	BAdd
		OAKLAND, FL 34787	
			□ Remove □ Change
			□Add
	132K		□Remove
21.25 g	no Reco	ade tile tile i en la en en en en en	□Change
	E 274 .		□Add
	News	1 (149) 18 - 1	□Remove
	w.>. :		🗆 Change
		er vid get e Here get en	⊡Ádd
			□Remove
			Change
		<u> </u>	DAdd "
			□Remove
			□ Change
	·		DAdd
			□Remove
			□Change

...:

Nov. 26. 2024. 4: 25PM				. 2959 · P. 5
1				
D. If amending any other information, en	ter change(s)	here: (Attach additiona	al sheets, if necessary,	<b>)</b>
的。 <u>自己的概要,也是一一</u>				
		A STATE OF THE STA		
た。 1962年 - <b>文『自由 17 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>			
:				
			·	
•				
		***	<del> </del>	· · · · ·
<del>``</del>				· · · · · · · · · · · · · · · · · · ·
		<del></del>	·	
		·		·
F. Effective date, if other than the date of	filing:		(optional)	,
E. Effective date, if other than the date of (If an effective date is listed, the date must be specified. Note: If the date inserted in this block does	fic and cannot be	prior to date of filing or more	than 90 days after filing.)	Pursuant to 605.0207
document's effective date on the Departmen	nt of State's rec	ords.	,	
• •				
If the record specifies a delayed effective date, be record is filed.	ut not an effect	ive time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
I COOLG IS SHOUL			,	
•		•		
	2024 ,			
Dated	, 2024	<del>``</del>		
Dated NOVEMBER 19  Hebest Camacho Romero		authorized representative of	a member	· · · ·
Dated NOVEMBER 19  Hebest Camacho Romero	e of a member or	authorized representative of	s member	

Filing Fee: \$25.00