

L17000206319

11/21/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000333645 3)))



H180003336453ABC0

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 : MONAHAN MIJARES CPA PA
Account Number : 120050000157
Phone : (305)407-1438
Fax Number : (305)397-1003

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

Email Address: _____

FILED
2018 NOV 21 AM 11:39
FLORIDA
TALLAHASSEE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHROMATIC ART GALLERY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE
NOV 26 2018
EXAMINER

RECEIVED

2018 NOV 21 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CHROMATIC ART GALLERY 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:

Roark R. Monahan CPA

Name of Person

Monahan - Mijares CPA, PA

Firm/Company

75 Valencia Avenue, Suite 703

Address

Coral Gables, FL 33134

City/State and Zip Code

elismor.castillo@monahanmijares.com

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

For further information concerning this matter, please call:

Roark R. Monahan at **305** **407-1440**

Name of Person

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

CR2H062 (9/15)

2018 NOV 21 AM 11:39
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**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: CHROMATIC ART GALLERY LLC

SECOND: The Florida Document number of the limited liability company is: L17000206319

THIRD: Document to be corrected is: Articles of Organization, Article V

(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:

Incorrect Statement: Carlos, Benmaman

Reason: Transposition error in the name; the name is Carlos and the last name is Benmaman

Correct Statement: Benmaman, Carlos

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.

X

[Signature]
Signature of Authorized Representative

11/21/2018
Date

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 695, 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:
Certified Copy:

\$25.00
\$30.00 (optional).