

L03000015061

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.

((H21000321639 3)))



H210003216393ABC.

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 : BARBOSA LEGAL
Account Number : I20110000049
Phone : (305) 501-4680
Fax Number : (305) 359-9543

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

Email Address: renewals@barbosalegal.com

FILED
2021 AUG 27 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 AUG 27 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHROMA PAPER, LLC

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

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

8/30/21

COVER LETTER

((H21000321639 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Chroma Paper, 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:

Heana Garcia, Esq.

Name of Person

Barbosa Legal

Firm/Company

407 Lincoln Rd PH-NE

Address

Miami Beach - FL 33139

City/State and Zip Code

gbarbosa@barbosalegal.com

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

For further information concerning this matter, please call:

Erika Kitaoka da Silva

305 5014680
at ()

Name of Person

Area Code

Daytime Telephone Number

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

FILED
2021 AUG 27 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H21000321639 3))

Chroma Paper, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 28th day of April, 2003 and assigned
Florida document number L03000015061.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

407 Lincoln Rd PH-NE

(Principal office address MUST BE A STREET ADDRESS)

Miami Beach FL 33139

Enter new mailing address, if applicable:

407 Lincoln Rd PH-NE

(Mailing address MAY BE A POST OFFICE BOX)

Miami Beach FL 33139

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Barbosa Legal

New Registered Office Address:

407 Lincoln Rd PH-NE

Enter Florida street address

Miami Beach

Florida 33139

City

Zip Code

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.

Barbosa Legal on behalf of Barbosa Legal
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:

((H21000321639 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Havensight Management Limited	PO Box 146	<input type="checkbox"/> Add
		Tortola, British Virgin Island	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Havensight Enterprises Ltd	P.O. Box 116	<input checked="" type="checkbox"/> Add
		Road Town, Tortola British Virgin Islands	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H21000321639 3)))

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. 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 (j)(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 August 27 2021

Albany York on behalf of Barbara Legel
Signature of a member or authorized representative of a member

Ileana Garcia, Esq. as Authorized Representative of the Members

Typed or printed name of signee

Filing Fee: \$25.00