L18000206319

11/21/2018 Division of Corporations

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MONAHAN MIJARES CPA PA
Account Number : I20050000157
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.

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CHROMATIC ART GALLERY LLC

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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:

- [x] $25 Filing Fee
- [ ] $30 Filing Fee & Certificate of Status
- [ ] $55 Filing Fee & Certified Copy
- [ ] $60 Filing Fee, Certificate of Status & Certified Copy

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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 _____ 11/21/2018

Signature of Authorized Representative 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 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)**

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