

L18000190298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

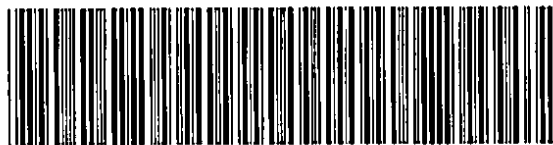
(Business Entity Name)

(Document Number)

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N COOPER

AUG 16 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CARE LILA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ziad Raphaël
Name of Person

Carelila LLC
Firm/Company

13901 NE 3rd Ct Blvd
Address

N Miami FL 33161
City/State and Zip Code

Ziad@ziadraphael.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ziad Raphaël at (776) 2013006
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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Carelila 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 August and assigned Florida document number L18000190298

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13801 NE 3rd Ct
B128
N Miami FL 33161

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13801 NE 3rd Ct
B128
N Miami FL 33161

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:

Ziad Raphael

New Registered Office Address:

13801 NE 3rd Ct B128
Enter Florida street address
N Miami Florida 33161
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.

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:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr	Ziad Raphaël	13801 NE 3rd Ct	<input type="checkbox"/> Add
		13127 N Miami FL 33161	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
Ms	Carmen Sesis	13801 NE 3rd Ct	<input type="checkbox"/> Add
		13127 N Miami FL 33161	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
	Elila LLC	13801 NE 3rd Ct	<input checked="" type="checkbox"/> Add
		13127 N Miami FL 33161	<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

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

Multiple horizontal lines for amending information.


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E. 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 (3)(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 8, 2018



Signature of a member or authorized representative of a member

Etad Raphael

Typed or printed name of signee