

MIL0000009633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. YOUNG

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 27 PM 4: 14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2017

MAHA MOURAD  
CARBRAIN, LLC  
9050 NW 27TH AVENUE  
MIAMI, FL 33147

SUBJECT: CARBRAIN, LLC  
Ref. Number: M16000009633

We have received your document for CARBRAIN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 617A00001822

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Carbrain, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maha Mourad  
Name of Person

Carbrain, LLC  
Firm/Company

9050 NW 27th Ave  
Address

Miami Lakes, FL 33147  
City/State and Zip Code

maha.m@carbrain.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lutfey at (305) 694-0000  
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

*\*already paid*

CR2E055 (9/15)

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Carbrain, LLC

Enter new principal office address, if applicable: 7900 NW 154th Street  
Suite 200  
**(Principal office address**  
**MUST BE A STREET ADDRESS)** Miami Lakes, FL 33016

Enter new mailing address, if applicable: 9050 NW 27th Ave  
**(Mailing address**  
**MAY BE A POST OFFICE BOX)** Miami, FL 33147

2. The Florida document number of this limited liability company is: M16000009633

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/01/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

<u>Pres</u>	<u>Fares Chamoun</u>	<u>1228 Alhambra Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FL 33134</u>	<input type="checkbox"/> Remove

<u>VP</u>	<u>Fadi Chamoun</u>	<u>3009 Alhambra Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Gables, FL 33134</u>	<input type="checkbox"/> Remove


<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove

<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove

<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative

**Maha Mourad**

\_\_\_\_\_  
 Typed or printed name of signer

**Filing Fee: \$25.00**