L1500000 8190

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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<i>#</i>)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DEC 1.0 2015 J. HARRIS

COVER LETTER

TO: Registration Division of C			TEOE 10 F	NED
SUBJECT:	COUST ANTINE Name of Lim	ited Liability Company	TALLAHASSE,	TA 1: 11 FLORIDA
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	DAVI	Name of Person		-
		ASSES FACTORY Firm/Company	•	-
	900	BAY DRIVE Address		- ~
				Jour .
	# 31	City/State and Zin Code		_
	david with Di E-mail address: (City/State and Zip Code Compared for future annual report	notification)	
For further informatio	n concerning this matter, please ca	all:		
ONID Nam	ne of Person	at (305) 713 Area Code Da	ytime Telephone Numbe	<u>г</u>
	or the following amount:			
YOU ALREADY ITANE THE C.CA	\	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

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



November 3, 2015

DAVIS ROJAS THE SUNGLASSES FACTORY LLC 189 NW 97TH STREET MIAMI SHORES, FL 33150

SUBJECT: CONSTANTINE LLC Ref. Number: L15000008190

We have received your document for CONSTANTINE 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):

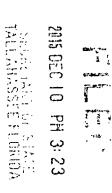
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 515A00023292



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSTANTINE L	LC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup \leq \sqrt{500000 \chi \chi \rightarrow \end{articles} \). This amendment is submitted to amend the following:	were filed on O1/14/2015 and assigned.
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	goo Baydrice
(Principal office address MUST BE A STREET ADDRESS)	<u>#317</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	900 BAY DRIVE # 317 DIADI BEACH EL 33141
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	ROJAS
New Registered Office Address:	Bay Da - # 317 Enter Florida street address
- Alpai	BEACH, Florida 33141 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

Title	<u>Name</u>	Address	Type of Action
NGR	JONATHAN MOUTAL	SUO BRICKELL KEY DR	Add
		# 1025	Remove
		MIANI FL 33131	Change
NER	DAULD ROSAS	900 BAY DR	Add
		# 317	□ Remove
		MANI BEACH FL, 3314	<u>(</u> □ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
		# E	Add Remove Change
		<u> </u>	Add S
			□ Remove
			☐ Change

D. If am	ending any other information, enter change(s) here: (Attach addition	nal sheets, if necessary.)	
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Note:	effective date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or mo If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 60 requirements, this date will not be list	05.0207 (3)(b) sted as the
	ecord specifies a delayed effective date, but not an effective ti e 90th day after the record is filed.	me, at 12:01 a.m. on the ear	lier of:
Dated	12/07/2015 ,		
	Signature of a member of authorized representative	of a member	
	SONATHAN NOUYAL Typed or printed name of signee		a recom
	Page 3 of 3		4. ~

Filing Fee: \$25.00