

L1500000 8190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

DEC 10 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONSTANTINE LLC
Name of Limited Liability Company

RECEIVED
15 DEC 10 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

DAVID ROSAS
Name of Person

THE SUNGLASSES FACTORY
Firm/Company

900 BAY DRIVE
Address

317
City/State and Zip Code

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

For further information concerning this matter, please call:

DAVID ROSAS at (305) 713 0890
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
(YOU ALREADY HAVE THE CHECK)
- ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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), Authorized Person (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

FILED
2015 DEC 10 PM 3:23
DIVISION OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CONSTANTINE 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 01/14/2015 and assigned

Florida document number L15000008190

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:

(Principal office address MUST BE A STREET ADDRESS)

900 Bay Drive

#317

MIAMI BEACH FL, 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

900 BAY DRIVE

#317

MIAMI BEACH FL 33141

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:

DAVID ROSAS

New Registered Office Address:

900 Bay Dr - #317

Enter Florida street address

MIAMI BEACH

City

, Florida

33141

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>
MGR	JONATHAN NOUYAL	540 BRICKELL KEY DR	<input type="checkbox"/> Add
		# 1025	<input checked="" type="checkbox"/> Remove
		MIAMI FL, 33131	<input type="checkbox"/> Change
MGR	DAVID ROSAS	900 BAY DR	<input checked="" type="checkbox"/> Add
		# 317	<input type="checkbox"/> Remove
		MIAMI BEACH FL, 33141	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALABAMA
MISSISSIPPI
FLORIDA

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

[illegible]

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 12/07/2015, _____

Signature of a member or authorized representative of a member

JONATHAN

NOUYAL

Typed or printed name of signee

2015 DEC 10 PM 3:23
DALLAS, TEXAS 75201