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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Constant Energ	gy LLC.
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	
Please return all correspondence concerning this matter	r to the following:
Doug Van	Der Mallic Name of Person
Constant	Energy LLC Firm/Company
11449 Joh	Address Way
Jackson	City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please of	call:
Doug Van Der Mallic Name of Person	at (704) 517-6496 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Constant 1	Energy LLC.
(<u>Name of the Limited I</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L19002886</u>	
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e: <u>E</u>
(Principal office address MUST BE A STREET A	
	en e
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BO	
	4D =
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new register</u> ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	
New Registered Agent's Signature, if changing Regi	istered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name (2	Address	Type of Action
MGR	Doug Nan Der Mullie	Jacksonville, FL 32223	Ndd
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