## L21 000126071

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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: CONSTAN	IT THUNDER LLC		
		ited Liability Company	<u>_</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	indence concerning this matter		
·	v	ū	
	KELLY CONSTANT		
		Name of Person	
	CONSTANT THUNDER	LLC Firm/Company	
		rittivCompany	
	441 NW 39TH ST	Address	
	POMPANO BEACH, FL.	33064 City/State and Zip Code	<del></del>
	constantkelly64@yahoo.fr		
Var further information o	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	tification)
tor turtier anomation e	oncerning this matter, prease co	ait.	
KELLY CONSTANT		at (954 793-7668	
Name o	f Person	Area Code Daytis	me Telephone Number
Enclosed is a check for the	ne 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 Addres	_	Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSTANT THUNDER LLC				mi	٠ ــ	
(Name of the Limi	PH PH					
The Articles of Organization for this Limited L Florida document number L21000126071				and assigned		
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company here:				
KELLY MET LLC						
The new name must be distinguishable and contain the	vords "Limited Liabil	lity Company," the design	ation "LLC" or the abbr	eviation "L.L.C."	_	
Enter new principal offices address, if applic	able:	441 NW 39TH ST			_	
(Principal office address MUST BE A STREE	ET ADDRESS)	POMPANO BEACH, FL 33064				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	BOX)				_ _ _	
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our recor	ds, <u>enter the name</u>	of the new regist	<u>te</u> ı	
Name of New Registered Agent:	KELLY CONS	STANT			_	
New Registered Office Address:	441 NW 39TH	ST				
		Enter Florida s	treet address		_	
	POMPANO BI	EACH	Florida <u>3300</u>	54		
		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 /	Veent. S	Signature of I	New	Registered.	Agent	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
	•	<del></del>	□Remove
			□Change
	<del></del>	<del> </del>	□Add
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ffective	e date, if other than the date of filing: (optional)	
ote: If	ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.	
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after l.	the
is filed		
is filed		
is filed		
record: l is filed ated	All Contant	

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