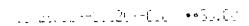


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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		

Office Use Only





COVER LETTER

Registration Section
Division of Corporations

TO:

CHID HEAT	MKL LLC		
		mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Lynn B Aust Esquire		
		Name of Person	
	Aust Law Firm		
		Firm/Company	
	1220 E Livingston St		2 AU6
		Address	
	Orlando FL 32803		
		City/State and Zip Code	5
	doveattorney@austlaw.biz		Ç
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)
Lynn B Aust		407 447-5399	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for th	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 Address Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of T	rporations
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FDOVI	EMKL	LLC
		/ 1

(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 2/16/2020 and assigned Florida document number L20000058625 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
AMBR	CHIEDOZIE A. MKPOLULU 9729 LOST CREEK DRIVE		
		Winter Garden FL 34787	■Remove
			□ Change
AMBR	ONYEKACHI C. OBI	9729 LOST CREEK DRIVE	= Add
		Winter Garden FL 34787	□Remove
			Amore Creek
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effective date is listed, the date mus te: If the date inserted in this bl	t be specific and cannot be pri	or to date of filing o	more than 90 days at	ter filing.) Pursuant	to 605.02
cument's effective date on the De	epartment of State's record	ls.	ing requirements, t	ms take will not	i nated
cord specifies a delayed effectives filed.	e date, but not an effective	time, at 12:01 a.n	n, on the earlier of:	(b) The 90th da	y after th
ed	2022		. ()		
			-DX	^	
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	Signature of a member or aut				

Filing Fee: \$25.00