

L200000058625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

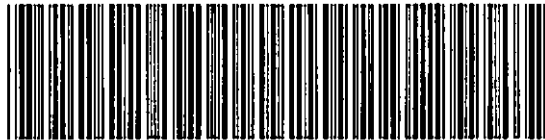
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22 AUG 26 PM 4: 03  
OFFICE OF THE CLERK  
STATE OF CALIFORNIA  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EDOZIE MKL LLC  
\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Lynn B Aust Esquire  
\_\_\_\_\_  
Name of Person  
  
Aust Law Firm  
\_\_\_\_\_  
Firm/Company  
  
1220 E Livingston St  
\_\_\_\_\_  
Address  
  
Orlando FL 32803  
\_\_\_\_\_  
City/State and Zip Code  
  
doveattorney@austlaw.biz  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

22 AUG 26 PM 4: 03  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Lynn B Aust  
\_\_\_\_\_  
Name of Person  
  
407 447-5399  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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>
AMBR	CHIEDOZIE A. MKPOLULU	9729 LOST CREEK DRIVE	<input type="checkbox"/> Add
		Winter Garden FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ONYEKACHI C. OBI	9729 LOST CREEK DRIVE	<input checked="" type="checkbox"/> Add
		Winter Garden FL 34787	<input type="checkbox"/> Remove
			<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"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 APR 26 PM 4:03  
 DIVISION OF REGISTRATION

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

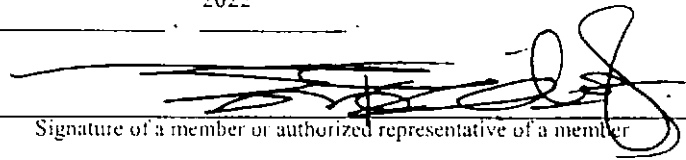
Multiple horizontal lines for amending information.

22 AUG 26 PM 4: 03  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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.

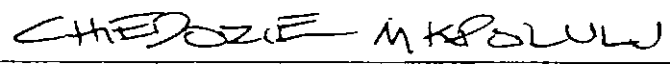
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 8, 2022



Signature of a member or authorized representative of a member

CHIEDOZIE A. MKPOLULU



Typed or printed name of signer