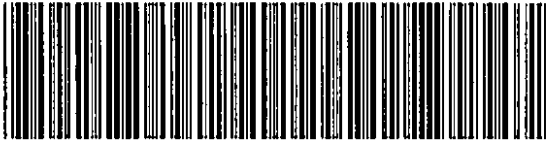


L22 000 149876



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09/20/22--01009--002 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
DEC 27 2022

Office Use Only

SECRETARY OF STATE
2022 SEP 20 PM 4:07
MAIL ROOM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GPZP LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgios Papageorgiou
Name of Person

GPZP LLC
Firm/Company

1611 SW 105 Lane
Address

Davie FL 33324
City/State and Zip Code

EZCPINVESTMENTS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZAIRA PAPAGEORGIOU 954) 253.3363
Name of Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED
2022 SEP 20 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: GO2P LLC

SECOND: The Florida Document number of the limited liability company is: L 22000149876

THIRD: Document to be corrected is: Officer Name

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

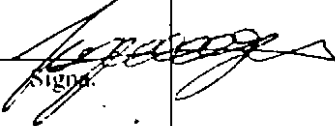
The name of the Manager is stated:
"Georgios Papageorgiou" The correct
name is: "Georgios"

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

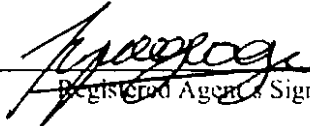
The electronic transmission of the record was defective.

 _____ 9/3/22
Signature Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.


Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)