

L2000000 9297

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04/23/20--01016--008 **30.00

20 APR 23 PM 4:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPPZone Florida, 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:

Ivan Hernandez

Name of Person

OPPZone Florida, LLC

Firm/Company

976 Sumter Rd. W

Address

West Palm Beach, FL 33415

City/State and Zip Code

ihzus2@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivan Hernandez

240

547-8173

Name of Person

at (

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

CR2E062 (9/15)

20 APR 23 PM 4:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

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: OPPZone Florida, LLC

SECOND: The Florida Document number of the limited liability company is: 1.20000009297

THIRD: Document to be corrected is: Articles of Incorporation; Effective Date

(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:

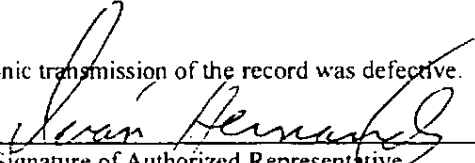
OPPZone awaited the Div. of Corp. DOS-FL approval of its AOC (1/15/20 @ 9:40 AM) to start operations. This latter date was then reported to the IRS (Fed.) as the corporation's start date for accounting & taxation. For accuracy & agreement of State/Fed. records, please correct our previously anticipated/iled Effective Date to Jan. 15, 2020.

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.

 4/20/2020
Signature of Authorized Representative 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)

20 APR 23 PM 4:48
STATE OF FLORIDA
DEPARTMENT OF REVENUE