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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SNYDER & SNYDER, P.A.

Account Number : I20160000107 Phone : (954)475-1139 Fax Number : (954)475-2634

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Email Address: Corposnyder law Pa.com

1 JUH -7 PHI2: 2

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WOPCO CAPITAL, LLC

Certificate of Status	0
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JUN 08 2021

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## **COVER LETTER**

TO: Registration Division of	n Section Corporations			
WOPO	CO Capital, LLC			
		Name of Limited Liab	bility Company	
Dear Sir or Madam:				
The enclosed Statem	nent of Correction and fee(s)	are submitted for filin	ıg.	
Please return all con	respondence concerning this	matter to the followin	g:	
Shawn C. Snyder, E	isq.			
	Name of Person	***************************************	-	
Snyder & Snyder, P	.A.			
	Firm/Company		_	. 2
7931 Orange Drive				MELLIN CO
	Address		_	一套,
Davie, FL 33328				2021 JUH - 7 PH 2: 50
	City/State and Zip Code	·	_	PP P
corp@snyderlawpa.	com			2: 5
E-mail address	i: (to be used for future annua	I report notification)	_	5m 0
For further informat	ion concerning this matter, pl	ease call:		
Brittany Kennedy		954	475-1139	
Nu	ime of Person	at (at Code	Daytime Telephone Number	
Division ( P.O. Box	ion Section of Corporations		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)				

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

		ection 605.0209, F.S., this document is being submitted to correct a previously filed document.		
<u>FIRS</u>	<u>T</u> : The	name of the limited liability company is:		
		The Florida Document number of the limited liability company is:		
		(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
চ্	state	tains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected ment are as follows:  se see attached Exhibit "A"		
	 <u>OR</u>			
a		defectively signed. The manner in which the document was defectively signed and the appropriate correction flows:		
		AHE HE SOME TO THE	FILED 2021 JUN -7 PH	1
	OR The	electronic transmission of the record was defective.  6-7-202/	) 1 2: 50	•
-		Signature of Authorized Representative Date  new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must s designation).	sign	
I here provis obliga reflect	by accer ions of itions o	red Agent's Signature, if changing Registered Agent:  pt the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept to  f my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to me  age in the registered office address, I hereby confirm that the limited liability company has been notified in wr  e.	erely	
		Registered Agent's Signature		
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

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## Exhibit "A" to Statement of Correction for WOPCO Capital, LLC Document No.: L21000009750

*Incorrect statement*: The Company's Articles of Organization reflect Mario Catalano whose address is 3031 Crum Road, Brooksville, Florida 34604, as the Manager.

Reason the Statement is incorrect: The Articles of Organization should not reflect Mario Catalano whose address is 3031 Crum Road, Brooksville, Florida 34604, as the Manager.

Correct statement: The Articles of Organization should be corrected to reflect WOPCO Management, LLC whose address is 3031 Crum Road, Brooksville, Florida 34604, as the Manager.

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