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## **COVER LETTER**

TO: Registration Section Division of Corporati	o <b>n</b> s	
SUBJECT:	GPZP LLC  Name of Limited Liabilit	y Company
Dear Sir or Madam:		
The enclosed Statement of Co	rrection and fee(s) are submitted for filing.	
Please return all corresponden	ce concerning this matter to the following:	
<u>Ceorgio</u>	S Papageorgia	)
6 <b>7</b> 27	) LLC n/Company	
16/1 SM	105 Lane	
Daire S		
	STHEUTIO CHMU. ( sed for future annual report notification)	EOH
For further information concer	rning this matter, please call:	
ZAIRA PAIRS Name of Pers	on Area Code	253.3363 Daytime Telephone Number
Mailing Address: Registration Section Division of Corports P.O. Box 6327 Tallahassec, FL 3	orations D T 23 4 2	egistration Section bivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Suite 810 allahassee, FL 32303
Enclosed is a check for the f	ollowing amount:	
	30 Filing Fee & \$\sum \\$55 Filing Fee & \text{Gertificate of Status}\$  Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy
CR2E062 (9/15)		

## STATEMENT OF CORRECTION FOR

	FLOF	STATEMENT OF CO FOR RIDA OR FOREIGN LIMITE	DRRECTION  D LIABILITY COMPANY 2022 SEP  to correct a previously filed documents of the correct and the correc	711 ED
	t to section 605.0209, F. The name of the limited	5., this document is being submitted liability company is:G021	to correct a previously filed document of the province of the	20 PH 4:0
SECON		cument number of the limited liabilit	ly company is: L220014007	<u></u>
<b>5</b>		atement. The incorrect statement, the	e reason the statement is incorrect, and the con	rected
0		· Cecraros	yer it stated:  The correct  I was defectively signed and the appropriate co	orrection are
	as follows:			
	OR  The electronic transmis	sion of the record was defective.	9/3/22 Date	
	re of new registered ager ng the designation).	nt, if applicable :( NOTE: if correctin	ng the registered agent, the new registered agen	t must sign
I hereby provisio obligati	eaccept the appointment ons of all statutes relative ons of my position as res t change in the registere	to the proper and complete perform istered agent as provided for in Cha	t in this capacity. I further agree to comply with ance of my duties, and I am familiar with and upter 605, F.S. Or, if this document is being file at the limited liability company has been notific	accept the rd to merely
Egisterod Agent a Signature				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	