

L23000396708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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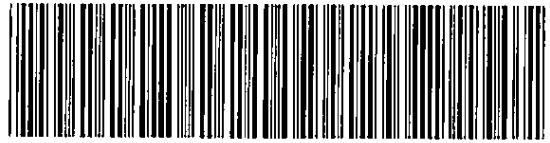
(Business Entity Name)

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R. HUNT

05/23/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GEOPEO 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:

Vincent Resnick

\_\_\_\_\_  
Name of Person

GEOPRO SERVICES LLC

\_\_\_\_\_  
Firm/Company

902 Clint Moore Rd. Suite 226

\_\_\_\_\_  
Address

Boca Raton, FL 33487

\_\_\_\_\_  
City/State and Zip Code

vtaajholdings@gmail.com

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

For further information concerning this matter, please call:

Vincent Resnick

954

226 - 7355

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

GEOPEO LLC

**If Changing Registered Agent, Signature of New Registered Agent**

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**

[illegible]

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

1. What is the main purpose of the study?

2. What are the research objectives?

3. What is the research methodology?

4. What are the results of the study?

5. What are the conclusions of the study?

6. What are the limitations of the study?

7. What are the implications of the study?

8. What are the future research directions?

9. What are the contributions of the study?

10. What are the key findings of the study?

11. What are the strengths of the study?

12. What are the weaknesses of the study?

13. What are the strengths of the study?

14. What are the weaknesses of the study?

15. What are the strengths of the study?

16. What are the weaknesses of the study?

17. What are the strengths of the study?

18. What are the weaknesses of the study?

19. What are the strengths of the study?

20. What are the weaknesses of the study?


**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 April 29th 2024

  
Signature of a member or authorized representative of a member

Vincent Resnick

Typed or printed name of signee