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DECRETARY OF STATE
ALLAHASSEE, FLORID

S. WARREN-0CT 0 3 2017

COVER LETTER

10:	Division of Cor				
SUBJE	Aaron Investments I, LLC				
	Name of Limited Liability Company				
Dear Si	ir or Madam:				
The end	closed Statement	of Correction and fee(s) a	re submitted for filing.		
Please 1	return all correspo	ondence concerning this m	atter to the following:		
Lev	/ Parnas	3			
		Name of Person			
Aaı	ron Inve	stments I, L	LC	•	
		Firm/Company			
21842 cypress palm court					
		Address			
Boo	ca Rator	n, FL 33428			
	C	ity/State and Zip Codc			
levday@yahoo.com					
E	-mail address: (to	be used for future annual	report notification)		
For further information concerning this matter, please call:					
SVE	etlana pa	arnas	_{at (} 561	271-9121	
	Name o	f Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
\$25	Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E0	062 (9/15)				

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: Aaron Investments I, LLC The Florida Document number of the limited liability company is: $\underline{L}15000087720$ SECOND: Document to be corrected is: articles of organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT [x]Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: David Correia was "improperly" added as a member. Please remove immediately. Also, David Correia was to be removed as Registered agent and replaced with Svetlana Parnas at 21842 cypress palm ct, Boca Raton, FL 33428 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are П as follows: <u>OR</u> \Box The electronic transmission of the report was defective. Signature of Authorized Representative (Leu Pornas) 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)