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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
J. HORNE				
JUN 2 1 2022				
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## CÓVER LETTER

TO: Registration ! Division of C					
	O INVESTMANT LLC DO	OC # 1.22000131226			
SORTECT:	UBJECT: Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Statemen	nt of Correction and fee(s) a	re submitted for filing	g.		
Please return all corre	spondence concerning this n	natter to the following	2:		
ROSARIO CORRAO					
	Name of Person		-		
CORRAO INVESTM	ENT LLC				
	Firm/Company		-		
7601 EAST TREASU	RE DRIVE APT 422				
	Address	. <del>.</del>	-		
NOTH BAY VILLAC	GE FLORIDA 33141				
	City/State and Zip Code		-		
CORRAOROY@HO	TMAIL.IT				
E-mail address: (	to be used for future annual	report notification)	-		
For further informatio	n concerning this matter, ple	case call:			
ROSARIO CORRAO	•	786	7287790		
Nam	e of Person	Area Code	Daytime Telephone Number		
P.O. Box 6	n Section 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 f	or the following amount:				
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□S55 Filing Fee & Certified Copy	CF S60 Filing Fee. Certificate of Status & Certified Copy		

## 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:	O INVESTMENT LLC		
<u></u>				
SECON THIRD	TITLE AMBR A	VAME (CORRAO ROSARIO)		
	(CHECK THE APPROPRIATE BOX AND C	COMPLETE THE APPLICABLE STATEMENT 3		
2		ent, the reason the statement is incorrect, and the corrected.		
	THE INCORRECT SPELLED NAME IN THE TITLE A	AMBR ( CORRAO ROSARIOI ) THE NAME ITS		
	TAKE WHEN THEY DID THE ONLINE FORM			
	THE CORRECT TITLE AMBR NAME IS ROSARIO	CORRAO SAME AS THE DOCUMENT		
OR  Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:				
	WE MADE THE APPLICATION CORRECT WHEN	WE RECIVE THE DOCUMENT ITS CORRECT ONLY		
	ON THE WEB THE NAME OF TITLE AMBR ITS INC	CORRECT PLEASE IF IS POSSIBLE CORRECT THANK		
	<u>OR</u>			
<b>9</b>	The electronic transmission of the record was defective	e.		
	ROSARIO CORRAO	APRIL 14 2022		
	Signature of Authorized Representative	Date		
	re of new registered agent, if applicable :( NOTE: if cong the designation).	rrecting the registered agent, the new registered agent must sign		
I hereby provisio obligati	ons of all statues relative to the proper and complete p ions of my position as registered agent as provided for a change in the registered office address, I hereby conf	ent:  to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept the in Chapter 605, F.S. Or, if this document is being filed to merely irm that the limited liability company has been notified in writing		
Registered Agent's Signature				
	Filing Fee:	\$25.00		

Certified Copy:

\$30.00 (optional)