

L150000 17541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

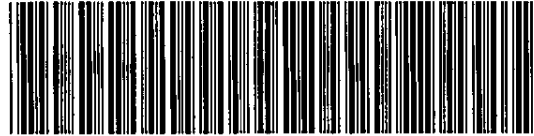
(Business Entity Name)

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2541

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.V. Rental Miami, llc
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ana Alzate
Name of Person

A.V. Rental MIAMI, llc
Firm/Company

915 NW 1 AV # H2110
Address

MIAMI, FL, 33136
City/State and Zip Code

anaialzate@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Alzate at (954) 5998434
Name of 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
- \$55 Filing Fee & Certified Copy
- \$60 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: AV RENTAL MIAMI, LLC.
*The name that was file is: AB Rental Miami, LLC.

SECOND: The Florida Document number of the limited liability company is: L15000017941

THIRD: Document to be corrected is:

L15000017941

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

INCORR. NAME = AB-Rental Miami-LLC.

Reason: typo at filing.

The corrected name is: AV Rental Miami, LLC.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

Ana J. Mzate

Signature of Authorized Representative

2.3.2015

Date

FILED
15 FEB -9 PM 2:57
STATE CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)