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COVER LETTER ,

TO: Registration Section Division of Corporations		
SUBJECT: A.V. Rental Miami, UC 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		
AV. Rental MIAM, UC		
915 NW AV # H2110 Address		
Hi AHi, Fl, 33136 City/State and Zip Code		
e-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
^ ^ ^ ^ ^ ^ ^ ^ ^ ^		
And Alzate at (954) 5998434 Name of Person Area Code Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations		
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\ \text{Certificate of Status} \text{\$\subseteq} \$\$55 Filing Fee & \text{Certified Copy} \text{\$\subseteq} \$\$60 Filing Fee, \text{Certificate of Status & Certified Copy} \text{\$\subseteq} \$\$\$Certified Copy}		

CR2E062 (2/14)

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. The name of the limited liability company is: AV RENTAL MIAMI, LLC. FIRST: he name that was file us AB Rental MiAMI, UC. The Florida Document number of the limited liability company is: 150000 17941 **SECOND:** THIRD: Document to be corrected is: L 150000 17941 (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: -Rental Miamin-Ilc. OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 3.2015

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

Signature of Authorized Representative