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COVER LETTER *

	ision of Corporations			
SUBJECT:	TRAVEL NETWORK HOLDINGS LLC Name of Limited Liability Company			
SUBJECT				
Dear Sir or M	Иadam:			
The enclosed	1 Statement of Correction and fee(s)	are submitted for filin	g.	
Please return	all correspondence concerning this	matter to the following	g:	
STEFANI	E YEPES			
	Name of Person		_	
Y&Y BUS	SINESS CONSULTANTS, L	LC		
	Firm/Company		-	
175 SW 7	7TH ST SUITE 1518			
	Address		-	
MIAMI, F	L 33130			
	City/State and Zip Code		_	
STEFANI	E.YEPES@YYYBUSINES	S.COM		
E-mail	address: (to be used for future annu	al report notification)	_	
For further is	nformation concerning this matter, p	lease call:		
STEFANI	E YEPES	305	200-5004	
	Name of Person	at (Area Code	Daytime Telephone Number	
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	a check for the following amount:			
• \$25 Filing	g Fee S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & 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: FIRST: The Florida Document number of the limited liability company is: L15000072041 **SECOND:** THIRD: Document to be corrected is: L15000072041 Articles of Organization (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: The MGR Francia L. Macias Vargas and AMBR Miles Car Rental LLC were not supossed to be listed as authorized person. The only authorize person is Luz D Vasquez which is the Register Agent and will be the only MGR listed under this company. Please remove Francia and Miles Car., from the records. <u>OR</u> 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. Signature of Anthorized Representative

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (2/14)