

4/24/2018

Division of Corporations

**M18000003852**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H18000129654 3)))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BW AVIARA LLC**

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

APR 26 2018  
J. HARRIS

**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: BW Aviara LLC

**SECOND:** The Florida Document number of the limited liability company is: M18000003852

**THIRD:** Document to be corrected is: Application by Foreign LLC to Transact Business in Florida

**(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 Manager's last name is misspelled in Section 8. The name "Fredman" is missing an "i" before the "e".

The name was misspelled due to a typo:

The Manager's name should be: Gideon Z. Friedman.

**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.

[Signature]  
Signature of Authorized Representative

4/24/2018  
Date

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  
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