

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L11000105908

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

From: Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)  
 Account Number : 071005001001  
 Phone : (727)441-8966  
 Fax Number : (727)442-8470

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jmm@macfar.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**BAY ESPLANADE PROJECT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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 2016 JAN 13 AM 9:57  
 TALLAHASSEE FLORIDA

JAN 14 2016  
**J. HARRIS**

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bay Esplanade Project, LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Matthew Marquardt

\_\_\_\_\_  
Name of Person

Macfarlane Ferguson & McMullen

\_\_\_\_\_  
Firm/Company

625 Court Street, Ste. 200

\_\_\_\_\_  
Address

Clearwater, FL 33756

\_\_\_\_\_  
City/State and Zip Code

jmm@macfar.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashleigh Arnett

727 441-8966

\_\_\_\_\_  
Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Bay Esplanade Project, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/15/2011 and assigned Florida document number L11000105908

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

c/o Maine Course Hospitality Group

15 Main Street, Ste. 210

Freeport, Maine 04032

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

c/o Maine Course Hospitality Group

15 Main Street, Ste. 210

Freeport, Maine 04032

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:** \_\_\_\_\_

**New Registered Office Address:** \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida

*City*

\_\_\_\_\_, *Zip Code*

**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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dustin Denunzio	The Denunzio Group, LLC	<input type="checkbox"/> Add
		305 Cambridge St., Ste. 3	<input checked="" type="checkbox"/> Remove
		Cambridge, MA 02141	<input type="checkbox"/> Change
MGR	Paul Lohnes	c/o Maine Course Hospitality Group	<input checked="" type="checkbox"/> Add
		15 Main Street, Ste. 210	<input type="checkbox"/> Remove
		Freeport, Maine 04032	<input type="checkbox"/> Change
MGR	Gary Scrino	c/o Maine Course Hospitality Group	<input checked="" type="checkbox"/> Add
		15 Main Street, Ste. 210	<input type="checkbox"/> Remove
		Freeport, Maine 04032	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated January 13, 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

J. Matthew Marquardt, Authorized Representative  
\_\_\_\_\_  
Typed or printed name of signer

2016 JAN 13 AM 9:57  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA