

L160000170502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

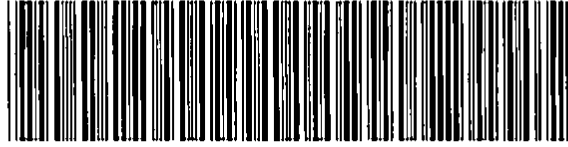
(Business Entity Name)

(Document Number)

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ALBRITTON

**Mary M. Woznack**  
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Rumberger, Kirk & Caldwell, P.A.  
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Orlando, Florida 32801

Phone 407.872.7300  
Fax: 407.841.2133

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www.rumberger.com

February 15, 2021

***VIA HAND DELIVERY***

State of Florida  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Articles of Amendment:

- Esplanade Communities of Florida, LLC
- Esplanade Communities, LLC

To Whom It May Concern:

Enclosed for filing are the Articles of Amendment for Esplanade Communities of Florida, LLC and Esplanade Communities, LLC. Also enclosed is our firm check in the amount of \$50.00 in payment of the required filing fees.

For further information concerning this matter, please do not hesitate to contact the undersigned.

Very truly yours,



Mary M. Woznack  
Paralegal

/mmw

Enclosures

Orlando  
Miami  
Tallahassee  
Tampa  
Birmingham

14688439.v1

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESPLANADE COMMUNITIES, 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:

David C. Willis, Esquire

Name of Person

RUMBERGER, KIRK & CALDWELL, P.A.

Firm/Company

300 South Orange Avenue, Suite 1400

Address

Orlando, FL 32801

City/State and Zip Code

dwillis@rumberger.com

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

For further information concerning this matter, please call:

David C. Willis, Esquire

at (407) 839-2186

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	No Change	No 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.)**

**No Change**

**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 FEBRUARY 15<sup>th</sup>, 2021

Signature of a member or authorized representative of a member

**William Bryan Adams, Manager**

Typed or printed name of signee

**Filing Fee: \$25.00**