

L160000176904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

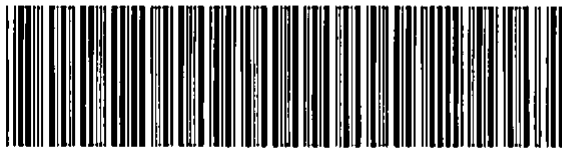
(Business Entity Name)

(Document Number)

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02/16/21--01001--004 **50.00

Name
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FEB 16 2021
ALBRITTON

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Orlando, Florida 32801

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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:

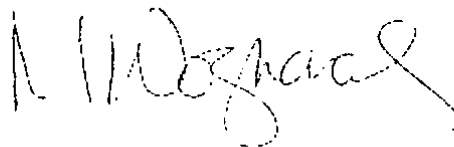
- Esplanade Communities of Florida, LLC
- Esplanade Communities, LLC

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.A1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESPLANADE COMMUNITIES OF FLORIDA, 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 407 839-2186
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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 15th, 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