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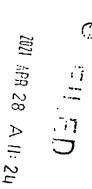
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: GOIF	Members of E	Splanada LWR	LLC	
<u></u>	Name of Limit	ed Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	Sanford	L. Seligman		
		Name of Person		
		Firm/Company		
	13924 N	Messina Loop		
		Address		
	Bradent	on, Fl 34211 City/State and Zip Code		
	0 1:	City/State and Zip Code	and the	
	E-mail address: (to	an 1 B bellsouth. be used for future annual report notif	ication)	
For further information con	cerning this matter, please ca			
Sanford 1 Name of P	_ Selvaman	at (LOH) 538 -	2922 Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status of Certified Copy (additional copy is enabled	
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Tallahassee, FL	porations $\stackrel{\triangleright}{\succeq}$ allahassee e Street, Suite 810	CO

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golf Members of Esplanas	le LWB. LLC
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f	led on Nov 23, 2020 and assigned
Florida document number <u>L20000 31 884</u> 3	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com-	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida:
Ci	Florida:
New Registered Agent's Signature, if changing Registered Agent:	APR 1
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address.	ct in this capacity. I further agree to compty with the mance of my duties, and I am familiar with and ed for in Chapter 605, F.S. Or, if this document is

company has been notified in writing of this change.

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>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			□Remove
			□Change
		···	□Add
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			Change
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			PR Add A □ Remove Change
			. 2 ☐Change
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			□Remove
			□Change

Change	Article	111	to rea	ط			
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ive date, if other than fective date is listed, the date	must be specific and o	annot be pri-	or to date of filin	g or more that	(optior n 90 days after fi	ling.) Pursuant t	ю 605.
If the date inserted in the nent's effective date on the	is block does not me	eet the appl	icable statutory	/ filing requ	irements, this c	late will not b	e liste
						The 90th day	_
rd specifies a delayed effi iled.	ective date, but not a	n effective	time, at 12:01	a.m. on the	earlier of: (b)	The 90th day	/ after
						APR 28	
04-23-2	<u>, 1co</u>		· ·			A :	ţ
	Somful	L. S.	thorized represen		<u>.</u>	=	_ ;_ _
	Signature of a m	ember or au	thorized represer	itative of a m	ember ~	Ē	