

L14000136444

Florida Department of State
Division of Corporations
Electronic Filing Cover sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1124000287924 3)))



H2400028792434805

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : MATTAMY HOMES
Account Number : 128230300187
Phone : (407)845-8192
Fax Number : (407)264-8400

2024 AUG 28 AM 2:18
FILED
TALLAHASSEE, FLORIDA

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

Email Address: nicole.swartz@mattamycorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEACHLINE SOUTH RESIDENTIAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

RECEIVED
2024 AUG 28 AM 11:03
DIVISION OF CORPORATIONS

Docusign Envelope ID: 5077B79E-1C4D-4B43-A23E-09E837038D0E

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beachline South Residential, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Marginian Swartz

Name of Person

Mattamy Homes

Firm/Company

4901 Vineland Road Suite 450

Address

Orlando, Florida 32811

City/State and Zip Code

nicole.swartz@mattamycorp.com

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

For further information concerning this matter, please call:

Catalina Jaramillo

407 845-8192

at (_____) _____

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)

MailingAddress:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:

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

Docusign Envelope ID: 5077B79E-1C4D-4B43-A23E-09E837038D0E

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 AUG 28 AM 2:18
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

Beachline South Residential, 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 August 29, 2014 and assigned
Florida document number L14000136444

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**)

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 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

City

Florida

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

DocuSign Envelope ID: 5077B79E-1C4D-4B43-A23E-09E837038D0E
I, Matthew Harris IV, hereby authorize the following 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>
S	Robert A. Harris IV	4901 Vineland Road Suite 450	☐ Add
		Orlando, Florida 32811	☒ Remove
			☐ Change
S	Nicole Marginian Swartz	4901 Vineland Road Suite 450	☒ Add
		Orlando, Florida 32811	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2024 AUG 28 AM 2:18
FILED
FBI - MIAMI
RECEIVED

