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Division of Corporations

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

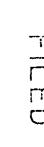
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ÜÜVER LETTER

TO:	Registration So Division of Cor			
C1:D1E/	Beachtine S	South Residential LLC		
SUBJEA	(T):	Name of Lim	ited Liability Company	·····
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ro	cturn all correspo	ondence concerning this matter	to the following:	
		Nicole Marginian Swartz		
			Name of Person	
		Mattamy Homes		
			Firm/Company	
		490 Vineland Road Suite	450	
			Address	<u></u>
		Orlando, Florida 32811		
			City/State and Zip Code	
		nicole.swartz@mattamycor E-mail address: t	p.com to be used for future annual report notificat	(op)
For furtl	ier information c	oncerning this matter, please c		
Catalina	i Jaramillo		407 845-8192	
	Same o	f Person	at ()	lephone Number
Enclosed	d is a check for th	ne 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)
	MailingAddres Registration S		StreetAddress: Registration Sectio	n

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 To:

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

FILED 2025 JUL 23 PM 12 40

From: Mattamy Homes US HR

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 8/29/2014 ____ and assigned 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 "LLC" 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 uddress _, Florida ___

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.

Circ

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Handing Authorized rerson(s) additionated 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
٧p	Holly Galfagher	4901 Vineland Road Suite 450	= Add
		Orlando, Florida 32811	
			□Change
			□Add
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Effective date, if other than the date of fili fin effective date is listed, the date must be specific a Note: If the date inserted in this block does no document's effective date on the Department o	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 of meet the applicable statutory filing requirements, this date will not be listed a
e record specifies a delayed effective date, but n rd is filed	not an effective time, at 32 (1) a milion the earlier of (b). The 90th day after the
Dated 7/18/2025	
Niede M. Swartz	
FECE3DACS4064F8 Signature of	a member of authorized representative of a member