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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from	this page.	707
Doing so will generate another cover sheet.	ار ر. میاب	

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MATTAMY HOMES Account Number : I20230000187

Phone : (407)845-8192

Fax Number : (407)264-8400

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

Email:	Address:			
Cilidata	Address:			

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

K. SALY AUG 1 5 2025

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

: Page: 05 of 39. 2025-08-14 10:20.30 EDT Docusign Envelope ID. 288C35C1-92A2-4552-A224-07D8870CD28E COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _		outh Residential LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclosed a	Articles of A	mendment and fee(s) are sub	unitted for filing.		
Please return a	ll correspon	dence concerning this matter	to the following:		
		Nicole Marginian Swartz			
			Name of Person		•
		Mattamy Homes			
			Firm/Company		•
		490 Vineland Road Suite 4	150		
			Address	·····	•
		Orlando, Florida 32811			
			City/State and Zip Code		
		nicole.swartz@mattamycor	-		
		E-mail address: (to be used for future annual	report notification)	
For further info	ormation coi	ncerning this matter, please co	all:		
Catalina Jaran	nillo	Person	407 845	5-8192	
	Name of I	Person	Area Code	Daytime Telephone Number	
Enclosed is a c	heck for the	following amount:			
■ \$25.00 File	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certifica losed) Certified	te of Status &

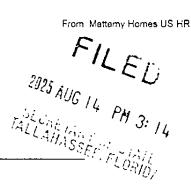
Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

If Changing Registered Agent, Signature of New Registered Agent

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



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
Florida document number L14000136444		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	ddress on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:	"	
New Registered Office Address:		
	Enter l'Iorida street ac	ldress
	72.	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties rovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

From: Matterny Homes US HR

To. Page: 07 of 39 2025-08-14 10:20:30 EDT 14072648400 From: Matterny Homes L Docusign Envelope ID. 288C35C1-92A2-4552-A224-07D8870CD28E IT amending Authorized rerson(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
VP	Amanda Warren	4901 Vineland Road Suite 450	≣ Add
		Orlando, Florida 32811	□Remove
			□Change
			PAN DAN T
			10 To Remove
			Ghang
	 		□Ādd
		-	
			☐ Change
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			Remove
			□Change
			☐Remove
			Change

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Note: If	date, if other than the date of filing:
e record s rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	8/13/2025
	— DocuSigned by:
	FBCB3DA054064F8 Signature of a member or authorized representative of a member

Typed or printed name of signce