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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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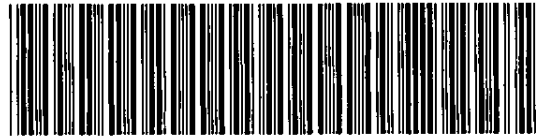
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M13-7809

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TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 032543 7894067

AUTHORIZATION

COST LIMIT : \$25.00

ORDER DATE : February 28, 2014

ORDER TIME : 11:58 AM

ORDER NO. : 032543-010

CUSTOMER NO: 7894067

FOREIGN FILINGS

NAME: MATTAMY SARASOTA LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT#

EXAMINER: _____

2014 FEB 28 AM 9:19
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SEC. 1 MAY 14 2014
TALLAHASSEE FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-3 must be completed).

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Mattamy Sarasota LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: December 11, 2013

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: The name and usual business address of the manager is: Calben (Florida) Corporation

400 Park Avenue South, Suite 220, Winter Park, FL 32789

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Robert A. Harris IV

Signature of the authorized representative

Robert A. Harris IV, VP of Manager

Typed or printed name of signer

Filing Fee: \$25.00

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