

M1400008534

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

2024 DEC -3 PM 5:16  
FILED  
SECRETARY OF STATE  
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  
MATTAMY JACKSONVILLE LLC

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K. SALY

DEC -3 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mattamy Jacksonville LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) 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 at (407) 845-8192  
Name of Person Area Code & Daytime Telephone Number

Mailing Address:  
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

Enclosed is a check for the following amount:  
☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

Docusign Envelope ID: FA9399C6-BB4D-4D0B-A749-DC2D65D8CA06

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

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Mattamy Jacksonville LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M114000008534

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 26, 2014

**SECTION II (5-9 complete only the applicable changes)**

5. 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.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
*City 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: FA9399C6-8B4D-4D0B-A749-DC2D65D8CA06

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

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(c), indicate that change:

Title/ Capacity Name Address Type of Action

VP Amber King 4901 Vineland Road Suite 450 Add

Orlando, Florida 32811 Remove

Add

Remove

Add

Remove

Add

Remove

Add

Remove

9. Attached is a 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.

Nicole Swartz

Signature of the authorized representative

Nicole Marginian Swartz

Typed or printed name of signee

Filing Fee: \$25.00