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.

(((H24000415490 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MATTAMY HOMES Account Number : I20230000187 : (407)845-8192

Fax Number : (407)254-8400



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

Email	Address:	_nicole.swartz@mattamycorp.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MATTAMY JACKSONVILLE LLC

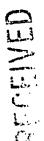
Certificate of Status	0
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K. SALY DEC 19 2024



From Matterny Homes US HR

Docusign Envelope ID: 79872D65-7DCF-4972-9300-E3F18242FEBE

## **COVER LETTER**

TO: Registration Section Division of Corporations	
Manamy Jacksonville LLC SUBJECT:	
	reign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fe	e(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Nicole Marginian Swartz	
Name of Person	
Mattamy Homes	
Firm/Company	
490) Vineland Road Suite 450	
Address	
Orlando, Florida 32811	
City/State and Zip C	Code
nicole.swartz@mattamycorp.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this ma	tter, please call:
Catalina Jaramillo	at () <u>845-8192</u>
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 follow  \$\begin{align*} \begin{align*} \text{S30 Filing Fee & Certificate of State} \end{align*}	□ \$55 Filing Fee & □ \$60 Filing Fee.

From: Mattamy Homes US HR

Docusign Envelope ID. 79872D65-7DCF-4972-9300-E3F1B242FEBE

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

SECTI	ON I (1-4 must be completed)	•	6 A
Name of limited liability Company as it app	ears on the records of the Florida I	Department of	E 1
State: Mattamy Jacksonville LLC		THE STATE OF THE S	
Enter new principal office address, if applicable		Ű	3
( <u>Principal office address</u> MUST BE A STREET ADDRESS)			CANCE OF THE PARTY
Enter new mailing address, if applicable: ( <u>Mailing address</u> MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited	Hiability company is: M14000008	534	<u> </u>
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida;	Sovember 26, 2014		
SECTION II (5-9 complete only the applical			
5. New name of the limited liability company; (r	nust contain "Limited Liability Co	mpany, " "L.L.C" or "LI	.C.")
(If name unavailable, enter alternate name adoption of the written consent of the managers or must contain "Limited Liability Company," "L	managing members adopting the a		
6. If amending the registered agent and/or regis registered agent and/or the new registered office		ls, enter the name of the ne	<del>M.</del>
Name of New Registered Agent:		***	<del></del>
New Registered Office Address:	Enter Floria		
	Enter Floria		
-	City	, Florida Zip Code	
	•	my sour	
Now Registered Agent's Signature, if changing Thereby accept the appointment as registered to		city. I tiarther agree to com	ioly with
the provisions of all statutes relative to the $pro_i$ and accept the obligations of my position as re	per and complete performance of i	ny duties, and Lam familia	ir with

document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited

liability company has been notified in writing of this change.

Docusiun Envelope ID: 79872D65	-7DCE-4972-9:	300-E3E1824	12FEBE

itle: Capacity	Name	<u>Address</u>	Type of Action
/P	Geoff Guidera	4901 Vineland Road Suite 450	Add
		Orlando, Florida 3281 l	□Remove
<del></del>			□Add
			□Remove
			□Add
			□Remove
			□Add
			BRemove
			□Add
	s certificate. If required: no more than 90		□Remove
aforemention	ned amendment(s), duly authenticated by inder the law of which this entity is organous fored by.  Nicola Swarty	the official having custody of records	024 SLE
	FRCE3DASSASSASSELLO OF	the authorized representative	BEC 18 PM AHASSECT