

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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.

((H24000056540 3)))



H240000565403ABC-

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

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: nicole.swartz@mattamycorp.com

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
MATTAMY FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON

FEB 13 2024

RECEIVED

2024 FEB 13 AM 8:35

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALLIANCE FLORIDA

2024 FEB 13 PM 12:15

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mattamy Florida, 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

Name of Person

407

at (

845-8192

) Area Code & Daytime Telephone Number

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

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

CR2E055 (9/15)

FILED
2024 FEB 13 PM 12:15
FEB 13 2024
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

DocuSign Envelope ID: 9FD02277-BEDE-4CFD-8657-CB264A63DF8D

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 Florida LLC (f/k/a Mattamy (Jacksonville) Partnership)

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 BOX2. The Florida document number of this limited liability company is: MI160000004683. Jurisdiction of its organization: Delaware4. Date authorized to do business in Florida: January 19, 2016

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 CodeNew 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

2024 FEB 13 PM 12:15

FILED

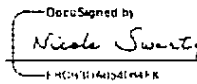
DocuSign Envelope ID: 9FD02277-BEDE-4CFD-9657-C8254A63DF8D

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Eric Lopez	4901 Vineland Road Suite 450	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32811	<input type="checkbox"/> Remove
VP	Chelsea C. Vanadia		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
VP	Jonathan Droor		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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.

DocuSigned by

 Signature of the authorized representative

Nicole Marginian Swartz

 Typed or printed name of signee

Filing Fee: \$25.00

2024 FEB 13 PM 12:15

FILED