

To:

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2024-02-23 15:59:08 EST

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From: Mattamy Homes US HR

PO 30000 62017

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
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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

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CALBEN (FLORIDA) CORPORATION

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STATE OF FLORIDA
TALLAHASSEE, FL

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2/22/2024 7:30:11 AM PAGE 1/001 Fax Server



February 21, 2024

FLORIDA DEPARTMENT OF STATE
Division of CorporationsCALBEN (FLORIDA) CORPORATION
400 PARK AVENUE SOUTH
SUITE 220
WINTER PARK, FL 32789SUBJECT: CALBEN (FLORIDA) CORPORATION
REF: P03000062017

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be dated or list the date of adoption. One of the boxes must be checked for adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: H24000069674
Letter Number: 924A00003878

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Calben (Florida) Corporation

DOCUMENT NUMBER: P03000062017

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Marginian Swartz

Name of Contact Person

Mattamy Homes

Firm/ Company

4901 Vineland Rd Suite 405

Address

Orlando FL 32811

City/ State and Zip Code

nicole.swartz@mattamycorp.com

E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FL

For further information concerning this matter, please call:

Catalina Jaramillo

at (407) 845-8192

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

Calben (Florida) Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000062017

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable;
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable;
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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STATE DEPT. OF REVENUE

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	V	Eric Lopez	4901 Vineland Road suite 405
<input checked="" type="checkbox"/> Add			Orlando, FL 32811
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	V	Rodolfo G Madlang	4901 Vineland Road suite 405
<input checked="" type="checkbox"/> Add			Orlando, Florida 32811
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	V	Chelsea C Vanadia	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	V	Jonathan Droor	
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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CLERK OF DISTRICT COURT
JAL. M. ASSESSOR
FL.

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

Dated 2/23/2024

Signature

DocuSigned by:

Nicole Swartz

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Nicole Marginian Swartz

(Typed or printed name of person signing)

Vice President

(Title of person signing)

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