

**P03000062017**

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.

((H24000226791 3)))



H240002267913ABCO

**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)617-6380

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**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

Docusign Envelope ID: 6736CACB-827B-4A31-809B-F9B09D6722F9

**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  
Matamy Homes  
Firm/ Company  
4901 Vineland Rd Suite 450  
Address  
Orlando FL 32811  
City/ State and Zip Code  
nicole.swartz@matamycorp.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 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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee

DocuSign Envelope ID: 6736CACB-927B-4A31-809B-F9B09D6722F9

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:

(City)

Florida

(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

DocuSign Envelope ID: 6736CACB-927B-4A31-809B-F9B09D6722F9

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:

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

| Type of Action<br>(Check One) | Title    | Name                           | Address                             |
|-------------------------------|----------|--------------------------------|-------------------------------------|
| 1) <u>Change</u>              | <u>D</u> | <u>Tim Graney</u>              | <u>4901 Vineland Road suite 450</u> |
| <u>X</u> Add                  |          |                                | <u>Orlando, FL 32811</u>            |
| <u>Remove</u>                 |          |                                |                                     |
| 2) <u>Change</u>              | <u>S</u> | <u>Nicole Marginian Swartz</u> | <u>4901 Vineland Road suite 450</u> |
| <u>X</u> Add                  |          |                                | <u>Orlando, Florida 32811</u>       |
| <u>Remove</u>                 |          |                                | <u>4901 Vineland Road suite 450</u> |
| 3) <u>Change</u>              | <u>D</u> | <u>Robert A Harris IV</u>      | <u>Orlando, Florida 32811</u>       |
| <u>Add</u>                    |          |                                |                                     |
| <u>X</u> Remove               |          |                                |                                     |
| 4) <u>Change</u>              | <u>S</u> | <u>Robert A Harris IV</u>      | <u>4901 Vineland Road suite 450</u> |
| <u>Add</u>                    |          |                                | <u>Orlando, Florida 32811</u>       |
| <u>X</u> Remove               |          |                                |                                     |
| 5) <u>Change</u>              |          |                                |                                     |
| <u>Add</u>                    |          |                                |                                     |
| <u>Remove</u>                 |          |                                |                                     |
| 6) <u>Change</u>              |          |                                |                                     |
| <u>Add</u>                    |          |                                |                                     |
| <u>Remove</u>                 |          |                                |                                     |



DocuSign Envelope ID: 6736CACB-927B-4A31-809B-F9B09D6722F9

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 7/29/2024

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)