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Certified Copies	Certificates	of Statue
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Special Instructions to F	iling Officer.	
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CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		WALK IN
	PICK	K UP: 9/3 DANNY
	CERTIFIED COPY	
X	РНОТОСОРУ	
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x	FILING	LLC AMEND
_	AMH REALTY LLC (CORPORATE NAME AND DOCUM	MENT #)
-	(CORPORATE NAME AND DOCUM	MENT #)
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_	(CORPORATE NAME AND DOCUM	MENT #)

COVER LETTER

	Registration Section Division of Corpora					
SUBJEC	7r:	AMH	Realty	LLC		
			Name of Limite	ed Liability Company		
				~. ~		
The encl	osed Articles of Ame	ndment and	fee(s) are subm	itted for filing.		
Please re	turn all corresponden	ce concernir	ng this matter to	the following:		
	_		Harr	Name of Person	-ker	
				Name of Person		
			AMH	Realty LL	- C	
	_			Firm/Company	<u> </u>	
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For funt	ner information conce				•	••••
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Enclosed	d is a check for the fol	lowing amo	unt:			
X \$25.	.00 Filing Fee 🗀		ng Fee & e of Status	S55.00 Filing For Certified Copy (additional copy is		Coertificate of Status & Certificate Copy (additional copy is enclosed)
	Mailing Address: Registration Secti	on			Address: tration Section	1

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

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

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was transfer and the second se	E AMENDMENT 5
	ODGANIZATION
	ORGANIZATION 2
•	OF
AMH Really (Name of the Limited Liability Comp	Dany as it now appears on our records.) [Liability Company]
The Articles of Organization for this Limited Liability Compan	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	hility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices 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)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered

Enter new principal offices 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) B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

. .

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gerald B Berker	68 Trut Brook Rd, Cheshire	□Add
		CT, 06410	Remove
			[]Change
AMBR	Gerald Broker	68 Trut Brook Re, Cheshre	7_ X ∧dd
		CT, 06410	□Remove
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ii amene	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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	- Table - Tabl
Note: If	date, if other than the date of filing: (optional) (see date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Persuant to 605.0207 (3) (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the continuous date on the Department of State's records.
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Harrison Barker Signature of a member or authorized representative of a member
	Harrison Buker
	Signature of a member or authorized representative of a member
	11.
	Typed or Sarke T

Filing Fee: \$25.00