Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Fhone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEAZER PRE-OWNED HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

1394

MAR 02 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Beazer Pre-Owned Homes LL	C
Name of Foreign J	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	e submitted for filing.
Please return all correspondence concerning this r	matter to the following:
,	
Name of Person	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1
Beazer Pre-Owned Homes LLC	
Firm/Company	Agger may make the strong the Printer Aggregate and the strong the
30601 Agoura Road, Suite 2001.	
Address	
Agoura Hills, CA 91301	
City/State and Zip Code	
rlopez@ah4r.com	:
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, ple	ease call:
Raquel Lopez	310 774-5435
Name of Person	Arch Code & Daytime Telephone Number
STREET/COURTER ADDRESS: Registration Section: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box.6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & Certificate of Status **CR2E055 (9/15)	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certified Copy

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To:

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)

I. Name of limited liability Company as it appears on the		•
State: Beazer Pre-Owned Homes LLC	الم يستعيد المستعدين والمستعدد المستعدد المستعد	im of the Birk Darlow . They price when the displayer the Birk Darlow House, Hope the specific specific the Birk Darlow .
		三型 第
Principal office address (UST BE A STREET ADDRESS)	بالموريب وطبهة المحافظة السخامتان بالهيمينيين ويواري برويابيتهم والمرابي	37
USI BEASIKEET ADDKESS		7 27 m f
1.00		FES
mer new mailing address, if applicable:		Control of the contro
Mailing address	<u> </u>	20m a
LAY BE A POST OFFICE BOX)		<u> </u>
The Florida document number of this limited liability c	M1300000	3161
. The Profice document number of this influed liability c	tompany, is,	
Delaware		
Jurisdiction of its organization: Deluware Date authorized to do business in Florida: 05/17/2013	·	
Date authorized to do business in Florida: 03/1/12013		
ECTION II (5-9 complete only the applicable change	98)	
New name of the limited liability company. AMITPo	nfolio A, LLC	
(must-conta	in "Limited Liability C	ompany, ""L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the opp of the written consent of the managers or managing nust contain "Limited Liability Company," "L.L.C." or "	e purpose of transacting members adopting the LLC.")	s business in Florida and attach a alternate name. The alternate name
. If amending the registered agent and/or registered office edistered agent and/or the new registered office address	er address on our recor here:	ds, enter the name of the new
Jame of New Registered Agent:		
lew Registered Office Address:		ida Street Address
	: Enter Flor	ida Street Address
		, Florida
The second secon	City	Zip Code
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and cound accept the obligations of my position as registered a hocument is being filed to merely reflect a change in the liability company has been notified in writing of this change.	agree to act in this cap implete performance of gent as provided for in registered office addres	f my duites, and I am familiar wit Chamer 605: F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

Rer	Title/ Capacity Name	<u>ne</u>	Address	Type of Action
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9: Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amondment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.	aforementioned amondment(s),	, duly authenticated by the o	theial having custody of re	cords in the
1010 E E		1000		
Signature of the authorized representative	· / /	V	itnorized representative	- M
Typed or printed name of signee	Saru Vog	gr-Lowen		

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID BEAZER PRE-OWNED HOMES LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "AMH PORTFOLIO A, LLC" ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2017, AT 11:26 O'CLOCK P.M.

Authentication: 202115219

Date: 02-28-17

4915745 8320 SR# 20171430637

You may verify this certificate online at corp.delaware.gov/authver.shtml