

12/7/22, 3:11 PM

Division of Corporations

M2200009988

Florida Department of State
Division of Corporations
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From: Account Name : LICENSES ETC INC
Account Number : 120070000159
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Email Address: SUPPORT@LICENSESETC.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMH DEVELOPMENT FLORIDA GC TRS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMH DEVELOPMENT FLORIDA GC TRS, 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:

LISA ADAMS
Name of Person

LICENSES, ETC., INC.
Firm/Company

27911 CROWN LAKE BLVD., SUITE #211
Address

BONITA SPRINGS, FL 34135
City/State and Zip Code

SUPPORT@LICENSESETC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA ADAMS at (239) 777-1028
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress:
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)

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 STATE OF FLORIDA
 DIVISION OF CORPORATIONS

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (I-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: AMH DEVELOPMENT FLORIDA GC TRS. LLC

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 BOX)*

2. The Florida document number of this limited liability company is: M22000009988

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 06/27/2022

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 Code

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

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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)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRENT LANDRY	23975 PARK SORRENTO STE 300	<input type="checkbox"/> Add
		CALABASAS, CA 91302	<input checked="" type="checkbox"/> Remove
MGR	TODD JONES	23975 PARK SORRENTO STE 300	<input checked="" type="checkbox"/> Add
		CALABASAS, CA 91302	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 COUNTY OF LOS ANGELES
 CLERK OF SUPERIOR COURT

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.



 Signature of the authorized representative
 TODD JONES

 Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AMH DEVELOPMENT FLORIDA GC TRS, LLC". FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2022, AT 5:14 O'CLOCK P.M.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6570945 8100
SR# 20224298977

Authentication: 205158289
Date: 12-21-22

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

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: _____
AMH Development Florida GC TRS, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Adding an Article 3 to the Certificate of Formation: Todd Jones is the Sole Manager of AMH Development Florida GC TRS, LLC
280 E. Pilot Road, Las Vegas, NV 89119

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 15th day of December, A.D. 2022.

By: _____
DocuSigned by:
Todd Jones
Authorized Person(s)

Name: Todd Jones
Print or Type