

2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M20000010500

Entity Name: AMH HB COUNTRY CROSSING ESTATES VENTURE, LLC**Current Principal Place of Business:**280 PILOT ROAD
LAS VEGAS, NV 89119**Current Mailing Address:**280 PILOT ROAD
LAS VEGAS, NV 89119 US**FEI Number:** 85-0535625**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	AMH HB VENTURE, LLC	Name	JOHNSON, ZACKORY
Address	280 PILOT ROAD	Address	280 PILOT ROAD
City-State-Zip:	LAS VEGAS NV 89119	City-State-Zip:	LAS VEGAS NV 89119
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	LANDRY, BRENT	Name	PALMER, LINCOLN
Address	280 PILOT ROAD	Address	280 PILOT ROAD
City-State-Zip:	LAS VEGAS NV 89119	City-State-Zip:	LAS VEGAS NV 89119
Title	AUTHORIZED REPRESENTATIVE	Title	VP
Name	JONES, TODD	Name	EDWARDS, BRAD
Address	280 PILOT ROAD	Address	280 PILOT ROAD
City-State-Zip:	LAS VEGAS NV 89119	City-State-Zip:	LAS VEGAS NV 89119
Title	VP	Title	VP
Name	STONE, MICHAEL	Name	MAHANY, BEN
Address	280 PILOT ROAD	Address	280 PILOT ROAD
City-State-Zip:	LAS VEGAS NV 89119	City-State-Zip:	LAS VEGAS NV 89119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINCOLN PALMER**AUTHORIZED
REPRESENTATIVE****04/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date