

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000012271

**Entity Name:** AMH PORTFOLIO MANAGEMENT-FL TRS, LLC

**Current Principal Place of Business:**

280 E. PILOT ROAD, STE 200  
SUITE 200  
LAS VEGAS, NV 89119

**FILED**  
**Mar 02, 2023**  
**Secretary of State**  
**8521461240CC**

**Current Mailing Address:**

280 E. PILOT ROAD, STE 200  
SUITE 200  
LAS VEGAS, NV 89119 US

**FEI Number:** 80-0863526

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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           MANAGER  
Name           VOGT-LOWELL, SARA  
Address        280 E. PILOT ROAD, STE 200  
                  SUITE 200  
City-State-Zip: LAS VEGAS NV 89119

Title           MANAGER  
Name           JONES, TODD  
Address        280 E. PILOT ROAD, STE 200  
                  SUITE 200  
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:** TODD JONES

**MANAGER**

**03/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date