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SECRETARY OF STATE

D. BRUCE 3-

JAN 12 2010

EXAMINER

COVER LETTER

TO: Registration Se Division of Con					
SUBJECT: A	Vrora Servi Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspo	ondence concerning this matter	r to the following:			
		Name of Person			
		Name of Person			
	Au	rora Servicina LL Firm/Company	<u>- C</u>		
	/260	09 Cray Ford Av Address	e		
	Orlando	FL 32837 City/State and Zip Code		SECR SALLA)) - magas
	E-mail address: (to be used for future annual report notificat	tion)	AN -	
For further information c	oncerning this matter, please o	eall:		RY O	
Luis Mame o	Pora les f Person	at (407) 283 - 22 Area Code & Daytime T	2 / O elephone Number	NII A片脚: 21 ETARY OF STATE HASSEE, FLORIDA	
Enclosed is a check for the	ne following amount:	*			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	atus &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aurora	Servicing L	L C	
(Name of the Limited Li (A F	Servicing Loability Company as it sow approvide Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u> </u>		12/01/2009 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company h	<u>iere</u> :	
Po Fenza Sers The new name must be distinguishable and end with t	icina LLC		
The new name must be distinguishable and end with t "L.L.C."	he words 'Mmited Liability Com	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
		ASEC SEC	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u></u>	ASS.	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on e address here:	our records, enter the name of the sew	
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
· 			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	ary.)
			F)
			TARY OF STATE
Dated	July	or or authorized representative of a member	TE TE

Page 2 of 2

Filing Fee: \$25.00