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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number 1 (850)878-5368

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BV ROSEHILL AND TRIPLE CROWN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

D. BRUCE

APR **0 6** 2012

EXAMINER

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4/5/2012

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COVER LETTER

TO: Registration Division of	a Section Corporations		,			
SUBJECT: _	8	V Rosehill, LLC	•			
Joint De l'	Name of Li	mited Liability Company	·			
The enclosed Articles	of Amendment and fee(s) are s	abmined for filing.				
Please return all corre	spondence concerning this matt	er to the following:				
		Kristen Wagner				
		Name of Person				
		Ocwen Loan Servicing, LLC			•	
		Firm/Company				
	160	61 Worthington Road, Suite 100			•	
•	· · · · · · · · · · · · · · · · · · ·	Address				
		West Palm Beach, FL 33409		1.1		
		City/State and Zip Code		4	72.	
	1	kristen.wagner@ocwen.com				and o
	E-mail address:	(to be used for future annual report notice	ication)		E GE	
For further information	concerning this metter, please	call:		ري د کاري	ഗേ	
:	Kristen Wagner	at (561)	682-7011		2	111
	of Person	Area Code & Daytim	e Telephone Number	rate of	Co	
				97	(et)	
Enclosed is a check for	the following amount:			S Control		_
	-	These hours of the				
∑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Cartified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is			٠

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

PL055 - 95/06/2009 C T \$ymas Online

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	d Triple Crown, LLC		_	
(Name of the Limited Liability Con (A Florida Limit	pany as it now appea	rs on our records.)		
(V Linids Pittin	oo Entonity Company)			
The Articles of Organization for this Limited Liability Compa	any were filed on	March 27, 2012	and assigned	
Florida document number L12000042491				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited i	iability company her	<u>:e</u> ;		
BV Ros	ehill, LLC			
The new name must be distinguishable and end with the words "L	imited Liability Compa	my," the designation "L	LC" or the abbreviation	n
"L.L.C."	•			
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADDRESS)				
			(1)	1 200
			077	क ।
Enter new mailing address, if applicable:			₹ 71	I !
(Mailing address MAY BE A POST OFFICE BOX)			52	Ġò (
MAUNING BRAITESS MAI DE ATUS VEFICE BUA			2:24	<u>@</u>
	 		<u> </u>	1 100
B. If amending the registered agent and/or registered	office address on o	ur records, enter th	e name of the nev	v
registered agent and/or the new registered office address h	ere:	m: 10001000 <u>111101</u> 111	4 110110 AT 410 31771	<u>.</u>
Name of New Registered Agent:				
New Registered Office Address:	Ente	er Florida street addre	•64	•
	2	or a regional or cor quart	in d	
-		, Florida	7. 0. 1.	
	City		Zip Code	
Dani Danistavad Amerika Signatura i Jahanging Dagistarad Awan	t.			

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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signuture of New Registered Agent

Page 1 of 2

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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:

<u>itle</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
_			Add
			Add Remove
_			Add
_			Add
f amendi	ng any other information, enter char	age(s) here: (Attach additional sheets, if necessary.)	RATE S
,			-
	April 5 ,	012	-
		1. Districtive of a member	
_	,	I. Wagner, Assistant Secretary	

FL035 - 05/06/2009 C T System Online

Filing Fee: \$25.00