L21000410203

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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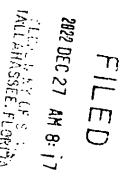
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CORPORATE ACCESS,

When you need ACCESS to the world



INC.

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

ı		WALK IN
	PICK U	JP: MISTY 12/27
xx xx	CUS	LLC AMEND
1.	AURORA MHC, LLC (CORPORATE NAME AND DOCUMEN	NT #)
2.	(CORPORATE NAME AND DOCUMEN	NT #)
3.	(CORPORATE NAME AND DOCUMEN	NT#)
4.	(CORPORATE NAME AND DOCUMEN	NT #)
5.	(CORPORATE NAME AND DOCUMEN	NT #)
6.	(CORPORATE NAME AND DOCUMEN	VT #)
SPECIA INSTRU	L CTIONS:	

COVER LETTER

то:	Registration Se Division of Cor			
CUBIE		MHC, LLC		
SUBJEC	-l:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		D. Scott Baker		
		· · ·	Name of Person	
		Zimmerman Kiser Sutcliff	e, P.A.	
			Firm/Company	
		315 E. Robinson Street, St	uite 600	
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	
		corporate@zkslawfirm.com E-mail address: (to be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please co	·	
Emily B	autista, Corporat	te Paralegal	407 425-7010	
	Name of	f Person	at () Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S	Section	Street Address: Registration Sec	ction _

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AURORA MHC, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	 _
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number L21000410203		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		H TI
Principal office address MUST BE A STREET ADDRESS)		10 N F
Enter new mailing address, if applicable:		CR. 1
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Flori	
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GMF GROUP FUND I. LLC	315 E. ROBINSON ST STE 600	□Add
		ORLANDO, FL 32801	≡ Remove
			□Change
MGR	GMF GROUP FUND II HOLDINGS, LLC	315 E. ROBINSON ST STE 600	∃ Add
		ORLANDO, FL 32801	□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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(If an eff Note:	The date, if other than the date of filing: effective date is listed, the date must be specific and cannot	PON FILING (optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the applicable statutory filing requirements, this date will not be listed as the s records.
(If an eff Note: docum	effective date, if other than the date of filing:	(optional) out be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the applicable statutory filing requirements, this date will not be listed as the
(If an eff Note: docum he recor ord is fi	effective date is listed, the date must be specific and cannot listed the date must be specific and cannot list the date inserted in this block does not meet to ment's effective date on the Department of State's pord specifies a delayed effective date, but not an effiled.	(optional) oot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2) the applicable statutory filing requirements, this date will not be listed as the state of the s
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Filing Fee: \$25.00