

L18000278379

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2021 SEP 15 PM 4:56

ALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALLIANCE SERVICING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

STATE OF FLORIDA
ALLAHASSEE, FLORIDA

2021 SEP 15 AM 11:20

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Electronic Filing Menu

Corporate Filing Menu

Help

VH

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Alliance Servicing LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/03/2018 and assigned
Florida document number L18000278379

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DLP CAPITAL SERVICING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

405 Golfway West Drive

(Principal office address MUST BE A STREET ADDRESS)

St Augustine, FL 32095

Enter new mailing address, if applicable:

405 Golfway West Drive

(Mailing address MAY BE A POST OFFICE BOX)

St Augustine, FL 32095

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

405 Golfway West Drive

Enter Florida street address

St Augustine

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Palencia Group Inc.	405 Golfway West Drive	<input type="checkbox"/> Add
		St Augustine, FL 32095	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]**Filing Fee: \$25.00**