(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HOD.
J. HORNE JUN 17 2025
' 2025

Office Use Only



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1 ILED 2025 JE **100** AB 8: 17

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO.	:	1200000001	95
		REFERI	ENCE	:	963912	7387459
		AUTHORIZA	ПОИ	:		
		COST L	IMIT	:	\$ 25.00	LA BROWN
ORDER I	DATE :	February 6,	2025		<b></b>	
		2:50 PM				
ORDER N	40. :	963912-075				
CUSTOME	ER NO:	7387459				
				. <b></b> -		
		FORE:	IGN FI	LIN	<u>IGS</u>	
	NAME:	COMMUNITY	Y LOAN	I SE	ERVICING, L	LC
I		TE PARTNERSHIP LIABILITY CO	YNAPMC			
AA XXXX	MENDMENT	Γ				
PLEASE	RETURN	THE FOLLOWIN	NG AS	PRO	OOF OF FILI	NG:
XX	_ PLAIN	FIED COPY STAMPED COPY FICATE OF GOO		'NDI	ING	
CONTACT	r person	√: Alex Hanı	nigan		EXT#	

EXAMINER: \_\_\_\_\_

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

nter new principal office address, if applicable:	Liability Company E
h	
<u>Principal office address</u> IUST BE A STREET ADDRESS)	ars on the records of the Florida Department of Liability Company
nter new mailing address, if applicable: <u>Jailing address</u> <u>AY BE A POST OFFICE BOX</u> )	
The Florida document number of this limited	liability company is: M03000003142
. Jurisdiction of its organization: DE	
. Date authorized to do business in Florida: 09	9/23/2003
ECTION II (5-9 complete only the applicab	
. New name of the limited liability company: (m	Silver Hill Capital, LLC nust contain "Limited Liability Company, " "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adoptopy of the written consent of the managers or roust contain "Limited Liability Company," "L.	nted for the purpose of transacting business in Florida and attach a managing members adopting the alternate name. The alternate name L.C." or "LLC.")
. If amending the registered agent and/or regist	nered officer address on our records. enter the name of the new e address here:
egistered agent and/or the new registered office	
lame of New Registered Agent:	

If Changing Registered Agent, Signature of New Registered Agent

e/ Capacity	Name	Address	Type of Actio
			□Add
			□Rem
			□Add
			□Ren
			□Ren
			\Ad
			□Rer

Typed or printed name of signee

Filing Fee: \$25.00

Page 1



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE

STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND

CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "COMMUNITY LOAN

SERVICING, LLC", CHANGING ITS NAME FROM "COMMUNITY LOAN

SERVICING, LLC" TO "SILVER HILL CAPITAL, LLC", FILED IN THIS

OFFICE ON THE SIXTEENTH DAY OF JUNE, A.D. 2025, AT 8:05 O'CLOCK

A.M.



Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchen

Authentication: 203950597 Date: 06-16-25

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:05 AM 06/16/2025
FILED 08:05 AM 06/16/2025
SR 20253075606 - File Number 3700808

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:		ity company is hereby amo
	the limited liability SILVER HILL CAPITAL, L	
l		
The certificate of	f amendment shall be effective a	s of June 16, 2025.
	f amendment shall be effective a  /HEREOF, the undersigned hav	
IN WITNESS V		
IN WITNESS V	/HEREOF, the undersigned hav	e executed this Certificate
IN WITNESS V	/HEREOF, the undersigned hav	re executed this Certificate, A.D. 2025