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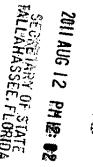
EXAMINER

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COVER LETTER

TO:	Registration S Division of Co						
SUBJECT: Aegis Ca			ital Holdings, LLC				
		Name of Lim	ited Liability Company				
		of Amendment and fee(s) are sui	_				
			Robert Beard				
			Name of Person				
		Aeg	is Capital Holdings, Ll	_C			
			Firm/Company			型。 28	
	2111 W. Swann Avenue, #200			2011 AUG 12 SEGRETARY	وسد		
Address			····	HAS ETA LOC			
	Tampa, FL 33606			2 70 SEE. 70			
			City/State and Zip Code			PH IE; 02 COF'SYATE EE.FLORID	, , , , , , , , , , , , , , , , , , ,
		E-mail address: (eard@aileroncap.com to be used for future annual repo	nt notification)			
For fur	ther information	concerning this matter, please of	eall:				
	F	Robert Beard	at (813)	341-365	34 101		
		of Person		Daytime Teleph			
Enclose	ed is a check for	the following amount:					
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aegi	is Capital Holdings, Ll	LC	<u></u>
(<u>Name of the Limited L</u> (A F	iability Company as it now app Torida Limited Liability Compan	pears on our records.)	
`	, ,	• •	
The Articles of Organization for this Limited Liab	oility Company were filed on _	February 10, 2009	and assigned
Florida document numberL09000136	<u>41 </u> .		
This amendment is submitted to amend the follow	ving:	•	
A. If amending name, <u>enter the new name of t</u>	he limited liability company	here:	
,	Aileron Holdings, LLC	5	E .4 2
The new name must be distinguishable and end with	the words "Limited Liability Cor	mpany," the designation "Llo	cor the abbreviation
L.L.C."		Š	T T
Enter new principal offices address, if applicat	ole:		2 2 E
Principal office address MUST BE A STREET	ADDRESS)		
		Ē	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>		
B. If amending the registered agent and/or		n our records, <u>enter the</u>	e name of the new
registered agent and/or the new registered office	<u>ce address here</u> :		
Name of New Registered Agent:			
New Registered Office Address:		#III ## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Enter Florida street addre	ss
		, Florida	
	City	_	7in 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, <u>enter the title, name, and address of each Manager or Mahaging Member being added or removed from our records</u>:

GR = Ma GRM = N	inager Managing Member		
t <u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
			AddRemove
			□ Pemove
			
	·		Pomores
			□ D
			Add Remove
f ameno	ding any other information,	enter change(s) here: (Attach additional s.	2 7
			2011 AUG 12 SEESTE DARY OF
d	August 8		16 12 PM P. P. C. D. SSEE FLORIDA
		Pobert K Beard of a member or authorized representative of a	
	Signature		member
		Robert K. Beard, Manager Typed or printed name of signee	

Page 2 of 2

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