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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHYS SEE, PATE

COVER LETTER

TO:

Registration Section

Division of Cor	rporations			
LHP LENI	DER, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	ROBERT K. BEARD			
		Name of Person		
	AILERON INVESTMENT	T MANAGEMENT, LLC		· • •
		Firm/Company		2021
	3401 W. CYPRESS STRE	ET, SUITE 201		SEP -
	·	Address		9
	TAMPA, FL 33607		in or more] <u> </u>
		City/State and Zip Code	五 三 二	ې وړ غ وړ
	BBEARD@AILERONCAF	P.COM to be used for future annual report notil		, .
For further information c	encorning this matter, please concerning	<u>-</u>	neation)	
ROBERT K. BEARD	.	813 341-3655 EX	T 101	
Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
ч			(additional c	py is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LHP LENDER, LLC
(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	lability Company)
The Articles of Organization for this Limited Liability Company	were filed on 2-21-20 and assigned
Florida document number L20000059279	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
AILERON QUAIL ROOST, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: N/A	
(Principal office address MUST BE A STREET ADDRESS)	TACH ZI
	ST ST
	9
E	SSE PP
Enter new mailing address, if applicable: N/A	LO PERSON
(Mailing address MAY BE A POST OFFICE BOX)	3: 3: 0: Fig. 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: N/A Name of New Registered Agent:	ddress on our records, enter the name of the new registered
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	NIA
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is
If Chan	ging Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	AIERON HOLDINGS, LLC	3401 W. CYPRESS STREET	□Add
		SUITE 201	■Remove
		TAMPA, FL 33607	
MGR	RKB MANAGEMENT SERVICES, LLC	3401 W. CYPRESS STREET	■Add
		SUITE 201	□Remove
		TAMPA, FL 33607	□Change
			<u>C2</u> □Add
		in Some	Remove
			A D □ Vqq
			□Remove
			□Change
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			□Change
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			□Remove
			□Change

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Signature of a member or authorized representative of a member	lea						
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