

h20 0000 59279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

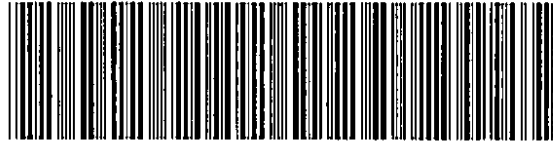
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300372930133

09/09/21--01007--030 **25.00

FILED
2021 SEP -9 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FL

US
9/23/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LHP LENDER, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT K. BEARD

Name of Person

AILERON INVESTMENT MANAGEMENT, LLC

Firm/Company

3401 W. CYPRESS STREET, SUITE 201

Address

TAMPA, FL 33607

City/State and Zip Code

BBEARD@AILERONCAP.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP - 9 PM 3:04

FILED

For further information concerning this matter, please call:

ROBERT K. BEARD

813 341-3655 EXT 101

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

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>
AMBR	AIERON HOLDINGS, LLC	3401 W. CYPRESS STREET	<input type="checkbox"/> Add
		SUITE 201	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33607	<input type="checkbox"/> Change
MGR	RKB MANAGEMENT SERVICES, LLC	3401 W. CYPRESS STREET	<input checked="" type="checkbox"/> Add
		SUITE 201	<input type="checkbox"/> Remove
		TAMPA, FL 33607	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2021 SEP -9 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 SEP -9 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 SEP -9 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Quis D. Salemi
Typed or printed name of signee

Filing Fee: \$25.00