Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRIVAT LENDER PARTNERS LLC

Certificate of Status Certified Copy 0 Page Count 04 Estimated Charge \$25.00

Page: 2 of 4

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To:

DocuSign Envelope ID: 35757D50-612C-4830-93C7-A1A604A30880 **ARTICLES OF AMENDMENT** TO ARTICLES OF ORGANIZATION **OF**

	VAT LENDER PARTNERS LLC ability Company as it now appears on our records.) orida Limited Liability Company)	·
The Articles of Organization for this Limited Liabilities Florida document number L24000054381	ty Company were filed on January 29, 2024	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
PRIVATE LENDER PARTNERS LLC		3
The new name must be distinguishable and contain the words '	'Limited Liability Company," the designation "LLC" or the	abbreviation "L. 52."
Enter new principal offices address, if applicable:		ACC. TO
(Principal office address MUST BE A STREET AL	ODRESS)	23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	SEE, F. 3
B. If amending the registered agent and/or regist agent and/or the new registered office address her		ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	City	Zip Co
Non-Desirenced Aponete Signature of shanning Desire		

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

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DocuSign Envelope ID: 35757D50-612C-4830-93C7-A1A604A30880
II amenuing Authorized rerson(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>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
		Non-Administration of the Control of	□Add
			□ Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove

From: M. BURR KEIM CO Fax: 12159779386

To:

Fax: (850) 617-6383

Page: 4 of 4 02/06/2024 11:14 AM

amend	ing any other informatio	ı, enter change(s) here	e: (Attach addition	al sheets, if necessar	y.)
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ote: If the	date, if other than the da we date is listed, the date must be the date inserted in this block 's effective date on the Depa	does not meet the applica	able statutory filing i	(optional) e than 90 days after filing requirements, this date) ;.) Pursuant to 605.0207 : will not be listed as
ecord sp is filed.	pecifies a delayed effective d	ite, but not an effective tir	me, at 12:01 a.m. on	the earlier of: (b) T	ne 90th day after the
ated	2/5/2024	2024			
	Docustigned by:	7	 ·		
	23AAABEOBEGI	Hature of a member or autho	orized representative of	f a member	
			•		
	Sergey Smimov	T	d name of signee		

///8240000502292111