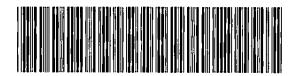
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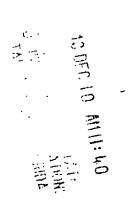
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COVER LETTER

TFS-HCA-:	2, LLC						
Journal Transfer	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Cris Neely Name of Person Global Merchant Finance Firm/Company 20807 Biscayne Boulevard, #203 Address Aventura, Florida 33180 City/State and Zip Code cneely@tradefinancesolutions.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: cely Name of Person Area Code Daytime Telephone Number						
		-					
	Cris Neely						
		Name of Person	 				
	Global Merchant Finance						
		Firm/Company					
	20807 Biscayne Boulevard, #203						
		Address					
	Aventura, Florida 33180						
		City/State and Zip Code					
	· =						
	E-mail address: (to be used for future annual report notific	cation)				
For further information co	oncerning this matter, please ca	all:					
Cris Neely							
Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is a check for th	e following amount:						
S25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TFS-HCA-2, LLC		1018
(Nume of the Limited Lin (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document numberL16000185934	y Company were filed on October 6, 2016	Denid assigned
This amendment is submitted to amend the following	;	E.F.L.
A. If amending name, enter the new name of the I	imited liability company here:	£3.4
GMF-HCA-2, LLC		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Ziv Code
New Registered Agent's Signature, if changing Registe	• •	up con

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 us 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

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

Title	<u>Name</u>	Address	Type of Action
			Add
		***************************************	☐ Remove
			☐ Change
			Add
			□ Remove
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If amending any other informa	ation, ente	r change((s) here:	(Attach adi	ditional sh	eets, if nece	essary.)		
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	Signature o	f a member	or authorize	ed representa	tive of a mer	nber	<u> </u>	6	
Daniel F. Burkhart							SSE	g =	
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