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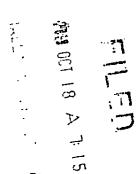
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COVER LETTER

TO: Registration Division of C		•	-	
Name an SUBJECT:	d ownership change			
NOBJECT:		inted Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	binitted for filing.		
Please return all corres	spondence concerning this matte	r to the following:		
	Jumes Prophete			
	TN Homes LLC	Name of Person		w*.D:
		Fitta Company		700 18
	3807 Beresford Rd E			
	West Palm Beach, FL 33-	Address		7 1
	jamesp10ta hotmail.com	City/State and Zip Code		in in
Lor further information	F-mail address concerning this matter, please c	tto be used for future annual report nota all	fication)	
James Prophete	The state of the s	561 201-1845		
Name	of Person	at () Area Code Daytimo	e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25 00 Filing Fee	□ 830 90 Filing Fee & Certificate of Status	Û \$55 (0) Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,60 Friing Certificate o Certified Co /additional cop	f Status & py
Regis Divis	LING ADDRESS: stration Section ion of Corporations Box 6327	STREET/COURH Registration Section Division of Corpor; Clifton Building	n	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TN Homes LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/19/2016 _____ and assigned Florida document number [1.16000228063 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MedAlhance Financial Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address. Enter Florida street address

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

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> PROPHETE GRÖUP LLC	<u>Address</u> 3807 BERESFORD RD E	Type of Action
MGR			□ Add
		WEST PALM BEACH, FL 33417	■ Remove
			Change
MGR	BKD VENTURES LLC	1263 BEACH PARK BLVD	
		FOSTER CITY, CA 94404	
			■ Remove
MGR	James Prophete	3807 BERESFORD RD E	Change
		WEST PALM BEACH, FL 33417	∞ Remove
		· 	مر البيا Change على الماري
			Remove
			☐ Change
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			□ Change
			
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Effective date, if other than the fair effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date of film block does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursuant to 605 ry filing requirements, this date will not be list	5,0207 ed as
e record specifies a delaye The 90th day after the re	ed effective date, but not an effect cord is filed.	tive time, at 12:01 a.m. on the earlie	er of
10/12	2018		
Pated	 : :		
ated			
Dated	Signature of a thember or authorized represen	ntative of a member	

Page 3 of 3

Filing Fee: \$25,00