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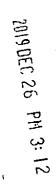
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COVER LETTER

TO:

TO: Registra Division						
	DCAP FU	JNDING LLC				
SUBJECT:			Name of Limited Liability Company			
Please return all co	orrespond	lence concerning this matter	to the following:			
		Taylor W. Grace				
			Name of Person			
		MidCap Funding LLC				
			Firm/Company			
		2311 Alt. US 19, Suite 5				
			Submitted for filing. Iter to the following: Name of Person Firm/Company Solution City/State and Zip Code Com Solution Solution			
		Palm Harbor, FL 34683				
		-	City/State and Zip Code			
		tgrace@midcapfunding.co				
		E-mail address: (to be used for future annual rep	port notification)		
For further inform	ation con	cerning this matter, please ca	all:			
Taylor W. Grace	•		 -	3989		
	Name of P	erson		Daytime Telephone Number		
Enclosed is a chec	k for the	following amount:				
■ \$25,00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
Mailing /		ction	Street Add:			
Registra Division		ction porations		Registration Section Division of Corporations		
P.O. Bo	x 6327	•		re of Tallahassee		
Tallaha	ssee, FL	. 32314	2415 N. N	Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears iited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number 1.16000233396	pany were filed on 12	/29/2016 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>ne</u> :	
MIDCAP HOTEL LOANS LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2311 Alt. US 19		
Principal office address MUST BE A STREET ADDRES.	Suite 5	25	
	Palm Harbor, FL	34683	
Enter new mailing address, if applicable:	2311 Alt. US 19	26	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 5	PM	
	Palm Harbor, FL	بغ.	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our re	; ∼ cords, <u>enter the name of the new registe</u>	
Name of New Registered Agent: TAYLOR	TAYLOR W. GRACE		
New Registered Office Address: 2311 Alt. I	US 19, Suite 5		
	Enter Flori	da street address	
Palm Harb		, Florida ³⁴⁶⁸³	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

MIDCAP FUNDING LLC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TAYLOR W. GRACE	2311 Alt. US 19	□Add
		Suite 5	□Remove
		Palm Harbor, FL 34683	
			□∧dd
			□Remove
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an effective date is listed, the date mu- lote: If the date inserted in this b	st be specific :	and cannot be p			n 90 days after fi	ling.) Pursuant to 6	
ocument's effective date on the D				, , ,			
record specifies a delayed effectively in the second specifies and second secon	e date, but r	not an effectiv	ve time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day af	fter the
, December 23		2019					
ated							
\leq							
	Signature of	a member or :	authorized repre	esentative of a m	ember		

Typed or printed name of signee