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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

### SUBJECT: MIDDLE EAST PROPERTY PORTFOLIOS - TRANCHE 1, L.

Name of Limited Liability Company

The enclosed Articles of	Amendment and fee(s) are sui	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
		Carl Ainger				
		Name of Person				
		Kelley & Associates				
		Firm/Company				
	30 Skyline Drive # 200					
		Address				
	Lake Mary, FL 32746					
	k	City/State and Zip Code				
	E-mail address: (	Kyle@KyleKelley.com to be used for future annual report notific	ation)			
For further information	concerning this matter, please	call:				
1	Kyle Kelley	at ( 407 ) 9	982-4580			
Name of Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount:					
<b> </b>	\$30.00 Filing Fee & Certificate of Status	S55.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# MIDDLE EAST PROPERTY PORTFOLIOS - TRANCHE 1, L (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

11/3/2010 The Articles of Organization for this Limited Liability Company were filed on 27-3845715 Florida document number \_\_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "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 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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tamer Gamali	30 Skyline Dr # 200 Lake Mary, FL 32746	Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary	y.)
_			· · ·
_			_
Dated	11-8-10	Jana Caurl	-
	Sig	gnature of a member or authorized representative of a member  Tamer GaMali  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00