## L11000011992

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## **COVER LETTER**

TO: Registration Se			·			
	Estate Capital LLC					
Name of Limited Liability Company						
	Amendment and fee(s) are sub					
Please return all correspo	ndence concerning this matter	to the following:				
	Saleh H. Al-Amoudi					
		Name of Person				
MHS Real Estate Capital, LLC						
Firm/Company						
	6001 S.W. 70th St.					
		Address				
	Miami FL 33143					
City/State and Zip Code						
	saleh_al_amoudi2003@yah  E-mail address: (	oo.com to be used for future annual report notific	cation)			
For further information c	oncerning this matter, please c	all:				
Saleh H. Al-Amoudi		732 319-1843 at ( )				
Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the	he following amount:					
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

MINS Real Estate Capital LLC			
( <u>Name of the Limited Liabil</u> (A Florid	l <mark>ity Company as it now a</mark> da Limited Liability Comp	ppears on our records.) pany)	
The Articles of Organization for this Limited Liability (Florida document number L11000047592	Company were filed c	on April 21, 2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability compa	ny here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company,'	'the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Middling duaress MAT BE A FOST OFFICE BOAL			
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office addres	s on our records, enter	the name of the n
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Ente	er Florida street address	
		. Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performand agent as provided for ed office address, I i	ce of my duties, and I am for in Chapter 605, F.S. Or, hereby confirm that the lim	amiliar with and tEthis document is

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>	Name	<u>Address</u>	Type of Action
AMBR	Dennis Koutsodimitropoulos	6001 S.W. 70th St., Ste. 131	Add
		Miami, FL 33143	□ Remove
			Change
			Add
			□ Remove
			□ Change
	<del></del>		
			□ Remove
			☐ Change
			Add
			□ Remove
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			□ Add
			Remove
			Change
			Add Remove
			Change

. If amending any other information	on, enter change(s) here: (Attach additional sheets	, if necessary.)
<del></del>		
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirem partment of State's records.  effective date, but not an effective time, at 1	enis, this date will not be listed as th
Scptember 21	2015	
Dated	Suffer	
	Signature of a member or authorized representative of a member	
Salch II. Al-Amoudi		2015 5/FC
	Typed or printed name of signee	= 63
	Page 3 of 3	
	Filing Rec: \$25.00	P I2: FLOR
		) IZ: 00 TATE ORIDA