

L11000047592

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THE SKEEN LAW GROUP, P.A.
Account Number : I20160000054
Phone : (954)300-1529
Fax Number : (954)374-9841

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: paralegal@skeenlawoffice.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MHS REAL ESTATE CAPITAL, LLC

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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S. ROBERTS

JUL - 7 2023

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MHS REAL ESTATE CAPITAL 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 04/21/2011 and assigned
Florida document number L11000047592.

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 contain 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

City Florida Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jose Francisco Pena	6001 SW 70th Street, Suite 131	<input type="checkbox"/> Add
		Miami, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Demis Koutsodimitripoulos	6001 SW 70th Street, Suite 131	<input type="checkbox"/> Add
		Miami, FL 33143	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Saleh H Alarnoudi	3000 S. Hwy A1A	<input type="checkbox"/> Add
		#501	<input type="checkbox"/> Remove
		Jupiter, FL 33477	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Effective date, if other than the date of filing: _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 5, 2023

Typed or printed name of signee

Filing Fee: \$25.00