

L11 0000 67137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

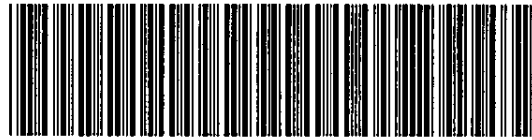
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Chivers FEB 02 2015

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Noble Net Lease LLC, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Leder

Name of Person

Best Properties LLC

Firm/Company

2424 N. Federal Highway Suite 210

Address

Boca Raton, FL 33431

City/State and Zip Code

AmyG@bestagency.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Gunsallus

at ( 561 ) 314-3942

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

Noble Net Lease IIIC, 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 7/1/2011 and assigned Florida document number L11000067137.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Palm C, LLC

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:

2424 N. Federal Highway Suite 210

**(Principal office address MUST BE A STREET ADDRESS)**

Boca Raton, FL 33431

Enter new mailing address, if applicable:

2424 N. Federal Highway Suite 210

**(Mailing address MAY BE A POST OFFICE BOX)**

Boca Raton, FL 33431

**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:

Amy Gunsaulus

New Registered Office Address:

2424 N. Federal Highway Suite 210

Enter Florida street address

Boca Raton

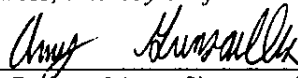
City

Florida 33431

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**

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
MGR	Traci Ambrosino	4280 PROFESSIONAL	<input type="checkbox"/> Add
_____	_____	CENTER DRIVE, SUITE 100	<input checked="" type="checkbox"/> Remove
_____	_____	PALM BEACH GARDENS, FL 33410	_____
MGR	Paul Forberger	4280 PROFESSIONAL	<input type="checkbox"/> Add
_____	_____	CENTER DRIVE, SUITE 100	<input checked="" type="checkbox"/> Remove
_____	_____	PALM BEACH GARDENS, FL 33410	_____
AMBR	Best 8 LLC	2424 N. Federal Highway Suite 210	<input checked="" type="checkbox"/> Add
_____	_____	Boca Raton, FL 33431	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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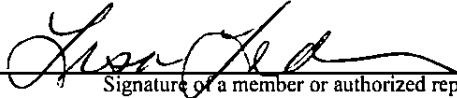
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 9, 2015



Signature of a member or authorized representative of a member

Lisa Leder - Best 8 LLC

Typed or printed name of signee

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