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EXAMINER



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JAVISION OF SURPOKATIONS TALL CONSIGNATIONS RMOMINED

11 MOV 10 PK 4:31

11 NOV 10 AM 8: 12

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH DATE: 11/10/2011 **REF. #:** 000427.157085 CORP. NAME: NOBLE NET LEASE HIF, LLC () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () REINSTATEMENT () WITHDRAWAL () MERGER () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 542196 FOR \$ 25.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

COST LIMIT: \$_____

PLEASE RETURN:

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Noble	Net Lease IIIF, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number L11000076754	· · · · —	July 1, 2011	and assigned
Florida document number	······································		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		

Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
	<u> </u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	iter Florida street add	ress
		, Florida	
.	City		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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Traci L. Ambrosino	5821 C Lake Worth Rd. Greenacres FL 33463	Add _☑ Remove
MGR	Paul Forberger	5821 C Lake Worth Rd. Greenacres, FL 33463	Add Remove
MGRM	Noble Net Lease III, LLC	5821 C Lake Worth Rd. Greenacres, FL 33463	_☑ Add Remove
			Add Remove
· .			Add Remove
			Add Remove
D. If amendin	g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			- -
	11 10 000		-
Dated	Signaturo of a memberio	guithorized representative of a member	····
_	Trac	ci L. Ambrosino	

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Filing Fee: \$25.00