

LI 000002970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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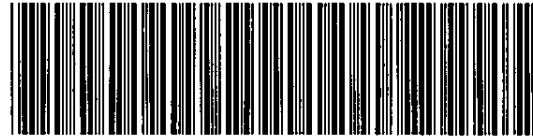
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4.000000 FEB 02 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Noble Net Lease IIIN, 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 Gunsaulus

Name of Person

561 at ()

Area Code

314-3942

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 IIIN, 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 9/8/2011 and assigned Florida document number L11000102970.

This amendment is submitted to amend the following:

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

Palm N, 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 Gunsauillus

New Registered Office Address:

2424 N. Federal Highway Suite 210

Enter Florida street address

Boca Raton

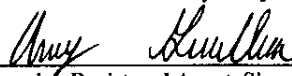
City

, Florida 33431

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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TALLAHASSEE, FLORIDA

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 CENTER DRIVE, SUITE 100 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Paul Forberger	4280 PROFESSIONAL CENTER DRIVE, SUITE 100 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NOBLE NET LEASE III, LL	4280 PROFESSIONAL CENTER DR. Suite 100 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Palm Holdings LLC	2424 N. Federal Hwy Ste 210 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Add <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.)

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 - Palm Holdings LLC

Typed or printed name of signee

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