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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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EXAMINER



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11/14/11--01002--010 **350.00

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. #:** <u>000427.157085</u> CORP. NAME: NOBLE NET LEASE IIIP, LLC () ARTICLES OF INCORPORATION (XX) ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () MERGER () WITHDRAWAL () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 542196 FOR \$ 25.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** _____ COST LIMIT: \$____ PLEASE RETURN:

(XX) PLAIN STAMPED COPY

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING

Examiner's Initials

() CERTIFICATE OF STATUS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Noble Net Lease IIIP LLC



| (Name of the Limited Liab) (A Flori | lity Company as it now appeda Limited Liability Company | ars on our records.) |
|--|---|--|
| The Articles of Organization for this Limited Liabilit | y Company were filed on | |
| Florida document numberL11000103433 | ' | |
| This amendment is submitted to amend the following | : | |
| A. If amending name, enter the new name of the l | imited liability company h | ere: |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Com | pany," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | H.J | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | • | our records, enter the name of the new |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | | |
| | Ĭ | Inter Florida street address |
| | | , Florida |
| 1 | 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> | Name | 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 amend | ing any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.) | |
| | · · · · · · · · · · · · · · · · · · · | | _ |
| Dated | 11.10 20 | 011 . | |
| Dated | Prac | or authorized representative of a member | |
| | | raci L. Ambrosino or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00