

L11000135229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

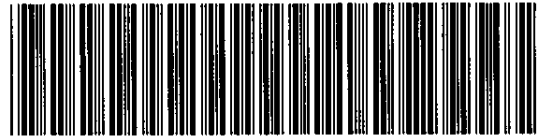
(Business Entity Name)

(Document Number)

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

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2013 JAN 11 AM 10:21  
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TALLAHASSEE, FLORIDA

N. Cuffigan JAN 14 2013

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

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** RICKY SOTO

**DATE:** 01/11/2013

**REF. #:** 000427.179259

**CORP. NAME:** NOBLE NET LEASE IV A, LLC changing its' name to 3815 EAST 96<sup>TH</sup> INDIANAPOLIS IN, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

**STATE FEES PREPAID WITH CHECK#** 107951 **FOR \$** 55.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 3815 EAST 96TH INDIANAPOLIS IN, 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:

**PETER S. SIDEL, ESQ.**

Name of Person

**NOBLE MANAGEMENT COMPANY**

Firm/Company

**4280 PROFESSIONAL CENTER DRIVE, SUITE 110**

Address

**PALM BEACH GARDENS, FL 33410**

City/State and Zip Code

**lisa@noblep.com**

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

For further information concerning this matter, please call:

**Peter S. Sidel**

Name of Person

at ( **561 966-0070** )

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

FILED

2013 JAN 11 AM 10: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NOBLE NET LEASE IV A, 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 November 30, 2011 and assigned Florida document number L11000135229.

This amendment is submitted to amend the following:

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

3815 EAST 96TH INDIANAPOLIS IN, 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:

(Principal office address MUST BE A STREET ADDRESS)

4280 PROFESSIONAL CENTER DRIVE

SUITE 100

PALM BEACH GARDENS, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4280 PROFESSIONAL CENTER DRIVE

SUITE 100

PALM BEACH GARDENS, FL 33410

**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:

CRISTIAN J. FERNANDEZ, ESQ.

New Registered Office Address:

4280 PROFESSIONAL CENTER DRIVE, SUITE 110

*Enter Florida street address*

PALM BEACH GARDENS

Florida 33410

*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.*

*(Signature)*  
**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>	<u>Address</u>	<u>Type of Action</u>
MGR	TRACI L. AMBROSINO	4280 PROFESSIONAL CENTER DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		PALM BEACH GARDENS, FL 33410	
MGR	PAUL FORBERGER	4280 PROFESSIONAL CENTER DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		PALM BEACH GARDNES, FL 33410	
MGRM	NOBLE NET LEASE IV, LLC	5821 C LAKE WORTH ROAD	<input type="checkbox"/> Add
		GREENACRES, FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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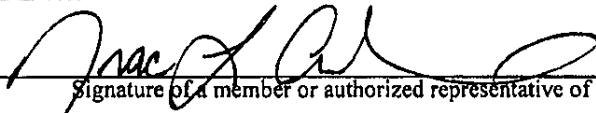
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Dated JANUARY 11, 2013



Signature of a member or authorized representative of a member

TRACI L. AMBROSINO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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**2013 JAN 11 AM 10:21**  
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