

L11000135238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

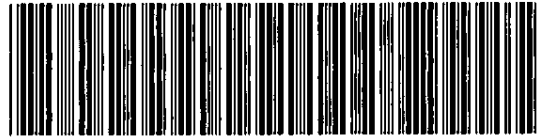
(Document Number)

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**B. KOHR**  
JAN 11 2012  
**EXAMINER**



300215476633

01/11/12--01019--011 \*\*25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
12 JAN 11 PM 1:58

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 11 PM 3:17

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 11 PM 3:17

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

**CONTACT:** RICKY SOTO

**DATE:** 01/11/2012

**REF. #:** 000427.159999

**CORP. NAME:** NOBLE NET LEASE IV D, LLC changing its' name to NOBLE NET LEASE FL D, 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# \_\_\_\_\_ FOR \$ 25.00**

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

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

**PLEASE RETURN:**

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

Examiner's Initials

**COVER LETTER**

FILED: STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 JAN 11 PM 3 17

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Noble Net Lease IV D, 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

5821 C Lake Worth Road  
Address

Greenacres, FL 33463  
City/State and Zip Code

srusso@noblep.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter S. Sidel at ( 561 ) 966-0070  
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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 11 PM 3 17

Noble Net Lease IV D, 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 11/30/2011 and assigned  
Florida document number L11000135238.

This amendment is submitted to amend the following:

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

Noble Net Lease FL D, 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, 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:

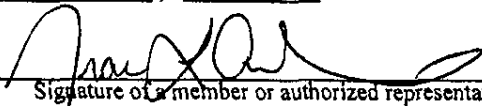
MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>             | <u>Address</u>                                 | <u>Type of Action</u>  |
|--------------|-------------------------|--|--|
| MGRM         | Noble Net Lease IV, LLC | 5821 C Lake Worth Road<br>Greenacres, FL 33463 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Hart Centers VIII, Ltd. | 5821 C Lake Worth Road<br>Greenacres, FL 33463 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated January 10, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Traci L. Ambrosino, Authorized Representative  
\_\_\_\_\_  
Typed or printed name of signee