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COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:FRA	NKLIN BELL REALTY, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALICIA KING	Name of Person	
		Mame of Person	
	FRANKLIN BELL		
		Firm/Company	
	1910 LAKELAND H	ILLS BLVD	
		Address	
	LAKELAND, FL 338	05	
	LAKEDAND, IE 330	City/State and Zip Code	
	AKING@FRANKL	•	
		to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
ALICIA KING		at (863) 686.4466	5
	of Person		e 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 Addr		Street Address:	ation
Registration	Section Corporations	Registration Se Division of Cor	
P.O. Box 63	-	The Centre of T	•
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FRANKLIN BELL REALTY, 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 Compa	my were filed on	05/30/2007	and assigned
Florida document number	L07000057018			
This amendment is submitted to	amend the following:			
A. If amending name, enter th	e new name of the limited li	ability company here	: NOBLE SWAN	LIVING, LLC
The new name must be distinguishable	e and contain the words "Limited Li	ability Company," the desi	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices ad	dress, if applicable:			
(Principal office address MUS)	T BE A STREET ADDRESS)			
Enter new mailing address, if	applicable:			
(Mailing address MAY BE A P	OST OFFICE BOX)			
B. If amending the registered agent and/or the new registere		e address on our reco	ords, <u>enter the nam</u>	ne of the new registered
Name of New Register	red Agent:	· -		
New Registered Office	Address:			
		Enter Floride	i 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 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			DAdd
			□Remove
			□Change
			□Remove
			Change
			□Add
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			☐ Change
			□Add
			□Remove
			□ Changa

	ling any other information, ento		·	·	• ′	
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(If an effection of the Note: If	e date, if other than the date of five date is listed, the date must be specifithe date inserted in this block does it's effective date on the Department	ic and cannot be prior not meet the applic	r to date of filing or materials. The statutory filing arms.	ore than 90 days after g requirements, thi	r filing.) Pursuant to 605.	0207 (3)(d as the
he record s ord is filed	pecifies a delayed effective date, bu .	t not an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 90th day after	the
Dated	SEPTEMBER 05	. 2024				
	Signature	of a member or auth	ortzed representative	of a member		
	.ngmaure	or a mornior of num	ion pour representative	u membel		
		ALICI	A KING			

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Filing Fee: \$25.00