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OB NOV 12 NN 9:53
SECRETARY OF STATE
TALLAHASSEF FI ORIDA

D. BRUCE

NOV 1 3 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: NORL	LES GROUP 8	FLORIDA, LLC d Liability Company)	
	(Name of Limited	a Liability Company)	
The enclosed Articles of An	nendment and fee(s) are submit	tted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
•	RAYMON.	(Name of Person)  Paup & FLORIO  (Firm/Company)	A,CC
	000	// I/	
	F.O. 150X	(Address)	0,
	LOCETA	Car 9535/ City/State and Zip Code)	8 NOV
	(0	City/State and Zip Code)	IN I
For further information conc	erning this matter, please call:		ILED 12 M 9: RY OF STAT SEE, FLORU
PAYMOUD (Name of P	EcterT erson)	at ( 70	3305 × 5
Enclosed is a check for the f	ollowing 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2008

RAYMOND C ECKERT 1514 CREST DRIVE FORTUNA, CA 95540

SUBJECT: NOBLES GROUP 8 FLORIDA, LLC

Ref. Number: L07000110520

OB NOV 12 AM 9:53
SECRETARY OF STATE
TALL AHASSEE FLORING

We have received your document for NOBLES GROUP 8 FLORIDA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Letter Number: 808A00056070

Deborah Bruce Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

## ARTICLES OF AMENDMENT 'TO' ARTICLES OF ORGANIZATION OF

NOBLES GROUP 8  (Name of the Limited Liability Com	FLORIDALL C pany as it now appears on our red d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	• • • • • • • • • • • • • • • • • • • •	2007 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Li"L.L.C."	imited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		08 SECR
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		IZ AN 9:53 SEE, FLORIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida	a street address)
	<b>.</b>	lorida
	, <b>F</b> (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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
MGR	VINCENT E. NUTT SR	P.O.BOX 381884 GERMANTOWN, TN	Add Remove
		38/85-/884	Add Remove
			Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
D. If amend	ing any other information, enter change(	s) here: (Attach additional sheets, if necessar	y.) 
<del></del>	•		TAS C
	NoV 10 2008	7	08 NOV 12
Dated	1000 10 , 2000	71.	OF S

Page 2 of 2

Filing Fee: \$25.00