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AUG 2 0 2015

S. YOUNG

COVER LETTER

Registration Section TO: **Division of Corporations** NOBLE NET LEASE FL D, LLC SUBJECT: 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: CRISTIAN J. FERNANDEZ, ESQ. Name of Person C/O 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: Cristian J. Fernandez, Esq. Name of Person Daytime Telephone Number

■ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

□ \$25.00 Filing Fee

Enclosed is a check for the following amount:

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOBLE NET LEASE FL D, LLC		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appears on our records. ida Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L11000135238	Company were filed on November 30, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		हिन्
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:) 다 # 원급 8
Mailing address MAY BE A POST OFFICE BOX		L.F.
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	HART CENTERS VIII, LTD.	4280 Professional Center Drive	
		Suite 100	Remove
		Palm Beach Gardens, FL 33410	□ Change
MGR	TRACI L. AMBROSINO	4280 Professional Center Drive	_ Add
		Suite 100	Remove <u>.</u>
		Palm Beach Gardens, FL 33410	Change
MGR	PAUL FORBERGER	4280 Professional Center Drive	G ITI
		Suite 100	∓ □ Rēmove
		Palm Beach Gardens, FL 33410	Change
			Add
			□ Remove
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ctive date, if other than the d	ate of filing:	(optional) ling or more than 90 days after tiling.) Pursuar	nt to 605 (
If the date inserted in this bloc	k does not meet the applicable statute	ory filing requirements, this date will not	be listed
iment's effective date on the Dep	artment of State's records.		
			
ecord specifies a delayed (ie 90th day after the recor	affective date, but not an effe ed is filed	ctive time, at 12:01 a.m. on the	earlie
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June 12	2015		
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Si	ignature of a member or authorized repre	schauve of a member	

Page 3 of 3

Filing Fee: \$25.00