

LISC000 40025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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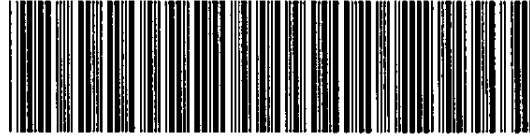
(Business Entity Name)

(Document Number)

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P R O P E R T I E S

4280 PROFESSIONAL CENTER DRIVE, SUITE 100

PALM BEACH GARDENS, FLORIDA 33410

P. 561.966.0700 F. 561.966.0260

March 12, 2015

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Division Representative,

I have enclosed a check for \$30.00 made payable to Florida Department of State to cover the cost of filing an Amendment to Articles of Organization for a Florida Limited Liability Company. Amendment to Articles of Organization for 8099 Moores Brentwood TN, LLC are also enclosed.

Please return the results to me at:

Noble Properties
Attn: Susan Russo
4280 Professional Center Drive, Ste. 100
Palm Beach Gardens, FL 33410

If possible email results to: srusso@noblep.com

Contact me if you have any questions at (561) 966-0070.

Sincerely,

Susan A. Russo
Legal Assistant

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 8099 Moores Brentwood TN, 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:

Cristian J. Fernandez, Esq.

Name of Person

Noble Properties

Firm/Company

4280 Professional Center Drive, Ste.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

561 966-0070
at ()

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**

8099 Moores Brentwood TN, 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 March 4, 2015 and assigned
Florida document number L15000040025

This amendment is submitted to amend the following:

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

Noble 8099 Moores Brentwood TN, 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, Ste. 100

Palm Beach Gardens, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4280 Professional Center Drive, Ste. 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:

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

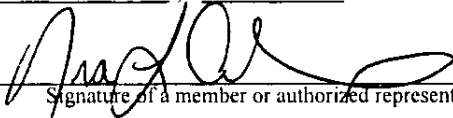
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 12 2015



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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