116000091273

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PiCK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TILED

MEDITARY OF STATE

ALCOHASSEE FLORIDA

S WarrenJUL 1 4 2016



June 9, 2016

WANTINA NOBLES GRIMES 111 MONROE VIEW TRAIL SANFORD, FL 32771

SUBJECT: NOBLES REI LLC Ref. Number: L16000091273

We have received your document for NOBLES REI LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

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) 245-6051.

Letter Number: 616A00012226

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

To: Division of Corporations

From: Wantina Nobles Grimes

Date: 5/31/2016

Contact info: 321-297-9521

Thank you!

Please change the following too:

Wantina Nobles Grimes-AMBR

Derrick Nobles- MGR

COVER LETTER

TO:	Registration Sec Division of Corp			
CUDIE	Nobles REI	LLC		
SUBJE		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		WANTINA NOBLES GR	IMES	
			Name of Person	- · · · · · · · · · · · · · · · · · · ·
		NOBLES REI LLC		
			Firm/Company	
		III MONROE VIEW TRA	AIL	
		Address		
		SANFORD FL 32771		
			City/State and Zip Code	
		NOBLESREI@GMAIL.CO		
		E-mail address: (to be used for future annual report notific	ation)
For fur	ther information co	oncerning this matter, please ca	all:	
WAN	ΓINA NOBLES G	RIMES	321 297-9521 at ()	
	Name of	Person	Area Code Daytime 1	elephone Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2:	5.00 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

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our re	cords.		
The Articles of Organization for this Limited Liability Comp Florida document number L16000091273			and	l assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation '	'LLC" or the abb		n "L.L.C."
Enter new principal offices address, if applicable:	****		7.5	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	7- 176 1164	; <u>-</u> :	
		14.8	<u></u>	
		(1) co		M
Enter new mailing address, if applicable:		ti C	Δ=	D
(Mailing address MAY BE A POST OFFICE BOX)		ATE RIDA	2	n mig
3. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, <u>enter 1</u>	he na	me of the
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	Enter Florida street a	ddress		
		, Florida		

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>	Address	Type of Action
AMBR	WANTINA NOBLES GRIMES	111 MONROE VIEW TRAIL	□ Add
		Sanford FL 32771	Remove
			■ Change
MGR	DERRICK NOBLES	111 MONROE VIEW TRAIL	
		Sanford FL 32771	☐ Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			STATE C Remove
			Change

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ectiv	ve date, if other than the date of filing: 5-6-2016 (optional)
	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
ne i	90th day after the record is filed.
. :	5/31/2016
ed _	
	Mall Mol Vin
	Signature of a member of aum bized representative of a member
	•
	Wantina Nobles Grimes

Page 3 of 3

Filing Fee: \$25.00