L21000362568

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	·-
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COVER LETTER

Division of C	orporations		
NOI Fund	d I, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Kenneth B. Kirkpatrick		
		Name of Person	
		Firm/Company	
	2605 SW 33rd St. Bldg 20	0	
		Address	
	Ocala, FL 34471		
		City/State and Zip Code	
	ken@heritagemanagement.	net to be used for future annual report notif	
For further information	concerning this matter, please c	•	ication)
Kenneth B. Kirkpatricl	ĸ	352 482-0777	
Namo	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 Addr		Street Address:	
Registration	Section Compartions	Registration Sec	

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

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOI Fund I, 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 8/12/21 and assigned Florida document number L21000362568 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NOI Capital, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2605 SW 33rd St. Bldg. 200 Enter new principal offices address, if applicable: Ocala, FL 34471 (Principal office address MUST BE A STREET ADDRESS) PO Box 2495 Enter new mailing address, if applicable: Ocala, FL 34478 (Mailing address MAY BE A POST OFFICE BOX) 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

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
MGR	Preston Kirkpatrick	2605 SW 33rd St. Bldg. 200	≣ ∧dd
		Ocala, FL 34471	□Remove
			□Change
		 	□Add
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bloocument's effective date on the Document's	t be specific and cannot be prior ock does not meet the applies	able statutory filing require:	(optional) I days after filing.) Pursuant to 60 ments, this date will not be lis)5,0207 (; sted as th
e record specifies a delayed effective d is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the ear	lier of: (b) The 90th day aft	er the
Dated September 22	2021			
		In Thats	etrol	
	Signature of a member or author	Di Siliani		