Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001913563)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HINES NORMAN HINES P.L.

Account Number : I20000000107 Phone : (813)251-8659 Fax Number : (813)254-6153

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: christian.h.g.brown@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNATION NOBLEZ REAL ESTATE, LLC

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MAY 3 1 2024

From: 05/30/2024 16:08 #521 P.002/004

(((H24000191356 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NobleZ Real Estate, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on March 13, 2024	and assigned
Florida document number L24000119576		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		^ <u>~</u>
		024 J
		- T
Enter new mailing address, if applicable:		30
Malling address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
	Ţ.	
 If amending the registered agent and/or registered office adegent and/or the new registered office address here: 	dress on our records, enter the name	of the new regis
and the segment of the address here.		
Name of New Registered Agent:		<u> </u>
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.

05/30/2024 16:08 #521 P.003/004

From:

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	Trevor Bohan	15737 Peace Place	
		Spring Hill, FL 34610	Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			☐ Change
 .	A The state of the		Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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~ .	date, if other than the date of filing:
record is file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ated _	2024
	Morana Golinana
	Signature of a member or authorized representative of a member