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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (614)573-3996 Enter the email address for this business entity to be used for future 🚾 annual report mailings. Enter only one email address please.**

₹ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOBLE REAL ESTATE LLC

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T. LEMIEUX

ARTICLES OF AMENDMENT ΤÖ **OF**

ARTICLES OF ORGANIZATION Noble Real Estate 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 April 30, 2024 and assigned Florida document number _____1.24000194387 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Noble Realty I LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

MGR = Manager

From: Kaity Toon

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

AMBR = /	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			□Change
			□Add
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			\ \tag{\tau} \ \tau \tau
			□Remove
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			Change

). If amending any other inforn	eation, enter change(s) here: (Attach	radditional sheets, if necessary.)
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Note: If the date inserted in this	ust be specific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 ory filing requirements, this date will not be listed as a
he record specifies a delayed effect ford is filed.	ive date, but not an effective time, at 12:0	01 a.m. on the earlier of: (h) The 90th day after the
Dated May 8	2024	
 	Celeste A. Stella Signature of a member of authorized repres	sbott sentative of a member
Celeste A. Stellabott,	Authorized Representative	
	Typed or printed name of	signee