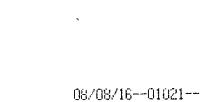
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## **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJI	ECT: NAN Investment Advisors, LLC Name of Limited Liability Company
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Richard brondin Name of Person
	NNN Investment advisors LCC Firm/Company
	3951 N. HAVRHIII Md #無 300 Address
	City/State and Zip Code
	City/State and Zip Code  richard @ globul management trush (E-mail address (to be used for future annual report notification)
For fu	Parther information concerning this matter, please call:  Ryhard Grand at (56) 6844/16  Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
<b>x</b> \$2	25.00 Filing Fee Scrifficate of Status Statu

#### 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 Compa (A Florida Limited				
The Articles of Organization for this Limited Liability Company	were filed on	6~8-2016 and assigned		
Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<del> </del>	Ž 2		
(Principal office address MUST BE A STREET ADDRESS)				
	<del></del>	<u> </u>		
		SSE -		
Enter new mailing address, if applicable:	-	T T		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
		5-7		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:		our records, enter the name of the ne		
Now Posistand Office Address				
New Registered Office Address:	Enter Florid	la street address		
	. Florida			
	City	, Florida Zip Code		
	*			

If Changing Registered Agent, Signature of New Registered Agent

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 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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> Lorrie Garbarz 3951 N. Amerhill Ad \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove 2016 ange COCHETARTI SECHETARTI ☐ Remove ☐ Change □ Add □ Remove ☐ Change \_ Add \_□ Remove \_□ Change

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fan effective ( <b>Note:</b> If the	ate, if other that date is listed, the di- date inserted in effective date on	ate must be specifi this block does:	ic and cannot be properties in the properties and cannot be properties	plicable statuto	ng or more than 90 or ry filing requirement	_ (optional) days after filing. ents, this date	) Pursuant to 605	5.0207 ed as 1
	specifies a de day after th			not an effec	ctive time, at 1	.2:01 a.m.	on the earlie	er of
Dated	8-1	1-16	(h-/	4				
_		Signature	of a member of	hthorized repres	entative of a membe	:r		
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Page 3 of 3

Filing Fee: \$25.00