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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

AUG 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NNN Investment Advisors, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Grondin
Name of Person
NNN Investment Advisors, LLC
Firm/Company
3951 N. Haverhill Rd., Suite 300
Address
West Palm Beach, FL 33417
City/State and Zip Code
richard@globalmanagementtrust.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Grondin
Name of Person
561 6849116
at () 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 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Richard Grondin	3951 N. Haverhill Rd., Suite 213	<input type="checkbox"/> Add
		West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lorrie Garbarz	3951 N. Haverhill Rd., Suite 213	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Richard Grondin	3951 N. Haverhill Rd., Suite 213	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 08-08-2016 (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 8th, 2016

Signature of a member or authorized representative of a member

Richard Grou

Typed or printed name of signee

2016 AUG 15 PM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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