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2012 APR -2 PH 3: 22 SECRETARY OF STATE

J. BRYAN

APR - 3 2012

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJI	ECT:	DLorenzo Busine	ess Advisors USA,	LLC	
5050			ed Liability Company		
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		David Lorenzo		FILE F	
			Name of Person		
		DLorenzo	Business Advisors U	SA, LLC	PR-2 P
	Firm/Company			SSE	
	19501 W. Country Club Drive, Suite 2603			er Floor	
Address		REAL R			
		Av	entura, Florida 3318	0	<i>Y</i>
			City/State and Zip Code		
		E-mail address: (t	renzo@dlorenzo.con o be used for future annual rep	ort notification)	<u></u>
For fu	rther information co	ncerning this matter, please co		ŕ	
	Dav	vid Lorenzo	at (_786_)	436-19	
	Name of	Person	Area Code &	Daytime Telephon	ne Number
Enclos	sed is a check for the	e following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: tion Section to of Corporations x 6327 ssee, FL 32314	Registration Division of Clifton Bui	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLorenzo (Name of the Limited L (A F	Business Advisors USA, L lability Company as it now appears on lorida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Lial Florida document numberL110000063	bility Company were filed onJan		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
	Valtimax, LLC		
The new name must be distinguishable and end with "L.L.C." Enter new principal offices address, if applicable office address MUST BE A STREET Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Between the second of the sec	Ole: ADDRESS) OX) registered office address on our 1	TILED 2012 APR -2 PH 3: 22 2012 APR -2 PH 3: 22 TALLAHASSEE, FLORIDA	
Name of New Registered Agent:			
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRI	M = Managing Membe	ŗ	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Remove
			Add Remove
			Add Remove
<u></u>		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Remove
D. If a	mending any other info	ormation, enter change(s) here: (Attach additional s	sheets, if necessary.)
***************************************			TALLIAHASSI
Dated _	MARCH	27_, 2012	PH 3: 22 PH 3: 22 F. FLDRIDA
	1/m	Signature of a member of authorized representative of a	a member
		David Lorenzo Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00