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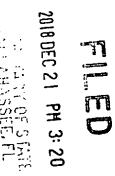
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(Address)	
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(City/State/Zip/Phone #)	
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C. GOLDEN

JAN - 8 2019

COVER LETTER

TO: Registration Section

Division of Co	rporations		
	Valdez Advisors, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
-			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David M. Valdez		
	David M. Valdez Advisors	Name of Person	
	1450 Brickell Avenue, Sui	Firm/Company te 2060	
	Miami, FL 33131	Address	
		City/State and Zip Code	
	davidvaldez9@gmail.com		
	E-mail address: (to be used for future annual report notific	ration)
For further information c	concerning this matter, please c	all:	
David M. Valdez		917 301-4296	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		,
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B		STREET/COURIE Registration Section Division of Corporat Clifton Building	tions
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cent Tallahusson, FL 3230	

Phone: 850-245-6051

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

David M. Valdez Advisors, LLC

2018 DEC 21 PM 3: 20

The Asial and Commission for this Limited Li			rords.) State the UP STATE TALLAHASSEE.FL
Florida document numberL12000029378		were filed on March 1, 201	2 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
David M. Valdez, LLC		Pro Company Cale of Change of the	11 C" as the abbasishment of C"
The new name must be distinguishable and contain the w	ords "Limited Liabi		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1450 Brickell Avenue, Suite 2060	
		Miami, FL 33131	· <u>·····</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	64 Glendate Road Ossining, NY 01562	
R If amending the registered agent and/	or registered of	ffice address on our reco	ords, enter the name of the new
registered agent and/or the new registered of	fice address her	<u>e</u> :	
	David M. Valde		
registered agent and/or the new registered of Name of New Registered Agent:	David M. Valde		
registered agent and/or the new registered of	David M. Valde	c.X	ldress
registered agent and/or the new registered of Name of New Registered Agent:	David M. Valde	ez Avenue, Suite 2060 Enter Florida street aa	22121
registered agent and/or the new registered of Name of New Registered Agent:	David M. Valde	ez Avenue, Suite 2060 Enter Florida street aa	
registered agent and/or the new registered of Name of New Registered Agent:	David M. Valde 1450 Brickell A	ez. Avenue, Suite 2060 Enter Florida street aa City	. Florida

If Changing Registered Agent, Signature of New Registered Agent

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>	Type of Action
			Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			□ Change

- ',	none
-	
	November 1, 2018
(It an e <u>Note</u> :	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	December 20, 2018
	Signature of a member or aluthorized representative of a member
	David M. Valdez

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00