M/1000004459

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
OCT 27 2011
-VAMINEA

000212280930

10/19/11--01019--003 **30.00



Office Use Only

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2011

APRIL LANNUTTI 7500 COLLEGE BLVD. SUITE 600 OVERLAND PARK, KS 66210

SUBJECT: VALUTRUST SOLUTIONS, L.L.C.

Ref. Number: M11000004459

We have received your document for VALUTRUST SOLUTIONS, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 111A00024068

www.sunbiz.org

COVER LETTER

TO:

TO:	Registration Se Division of Cor		• • •				
SUBJECT:Valutrus			t Solutions, LLC				
			ited Liability Company		_		
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please	return all correspo	ondence concerning this matter	r to the following:				
April Lannutti							
			Name of Person				
Valutrust Solutions, LLC							
			Firm/Company		星星	21	
	7500 College Blvd Suite 600				WI 001 26 開 15 14	Ti	
			Address		ASSI SSI	26	
	Overland Park, KS 66210				200 A		
	City/State and Zip Code					ار منسب الارهابية المساح	
		E mail address:	annutti@valutrust.com to be used for future annual repo	et notification)		=	
For fur	ther information c	concerning this matter, please of	·	n nomication,			•
		pril Lannutti	at (913)	951-2178	•		
	name o	f Person	Area Code & I	Daytime Telephone Num	ber		
Enclose	ed is a check for the	ne following amount:					
□\$25	.00 Filing Fee	\$\sqrt{\$30.00}\$ Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certifi closed) Certifi	Filing Fee icate of Stated Copy ional copy	atus &	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of C Clifton Build	Corporations ling ive Center Circle	:			

TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability compar Department of State is: Valutust S	ny as it appears on the records of the	Florida
2. This entity was formed under the laws o	n Kansas	
3. This entity was authorized to transact bu and its Florida document/registration numb	rsiness in Florida on <u>9-2-2011</u> er is <u>M11000004459</u>	S S
4. The name and address of each manager	or managing member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	ARY OF ST
MERM	Lance Melber 7500 College Blvd Ste le	NOTE OF
MBRM	Sean Pule 7500 Cetting Blvd Ste 1 Duenland Park, KS 4621	ID
<u> </u>		
Required Signature: Hunce	M	
Signature of Manager.	Managing Member or Member	

Filing Fee: \$25

FILED