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MC. EMEMD. 7/29/13

## **COVER LETTER**

TO: Amendment Section Division of Corporations

	0 111	- 1 +5 TI 1 11/1/20	
NAME OF CORPORA	TION: CAPITAL LI	overthent Services International Hoding Con	forest or
DOCUMENT NUMBE	CR: <u>POS 0000</u>	022685	
The enclosed Articles of	"Amendment and fee are su	abmitted for filing.	
Please return all correspondent	ondence concerning this ma	atter to the following:	
-	Ali	NA S PRNO (SON)	
_	Southern	Trust Securities, Inc. Firm/ Company	
_	145 (	Alneria Ave.	
	_	Address	
_	CORAL GA	bles FL 33134 City/ State and Zip Code	
***************************************	E-mail address: (to be us	Qano Hso OSTSHC. Com sed for future annual report notification)	
For further information of	concerning this matter, pleas	se call:	
(lina Name of	ARNOWS &N Contact Person	at ( <u>305</u> ) <u>446-4800</u> Area Code & Daytime Telephone Number	
Enclosed is a check for t	he following amount made	payable to the Florida Department of State:	
\$35 Filing Fec	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee  Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee  Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo	rida Dept. of State)
Capital Tovestnewt Sequices Interver (Document Number of Corporation (if k	Holding Copposition
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  Southern Trust I ternation and name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	' "company," of "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Principal office address <u>BIOST BE A STREET ADDRESS</u> )	U/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
	- 13 JE 18
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	1 S 5 5
(Florida street	address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Signature of New Registered Ag.	: (f - h
Signature of New Registered Ag	ent, ij changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John J	<u>Doe</u>			
X Remove	V Mike Jones				
X Add	SV Sally	SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	P	Robert Escobio	145 Almeria Aue.		
Add			CORAL GABLES FL 3313V		
× Remove					
2) Change	<u>Sec</u>	SUSAN Escobio	145 Alneain Ave.		
Add			CORAL GABLES FL 33134		
Remove 3) Change	Director	DANIEL SUlliVAD	145 Almeria Ave		
Add			CORAL GAbles, FL 33134		
Remove					
4) Change	Director	Edwin O' BRIEN	145 Almeria Ave		
Add			CORAL GABLES Fl 33134		
Remove					
5) Change		<del></del>			
Add					
Remove					
6) Change					
Add					
Remove					

. If amending or adding additional Artic (Attach additional sheets, if necessary).	:les, enter change(s) here: (Be specific)
	NA
If an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) adoption:  date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7-23-13	
Signature Susan Escobio	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Susan Escabio (Typed or printed name of person signing)	_
Secretary (Title of person signing)	<del>_</del>
(Little of person signing)	