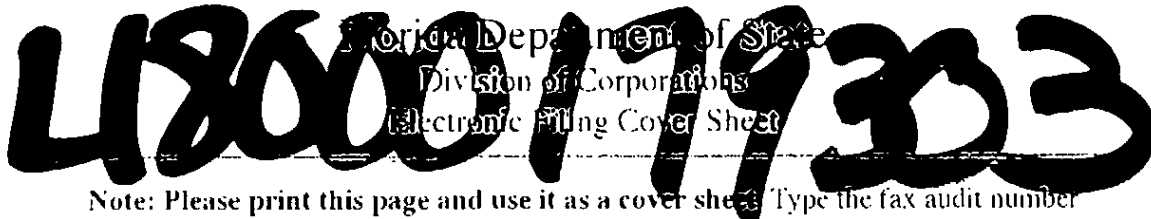


12/6/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SALMON LEGAL GROUP, P.L.  
Account Number : I20180000045  
Phone : (786)508-2020  
Fax Number : (786)209-3030

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: FILINGS@SALMONLEGAL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SECURITY TOKEN ADVISORS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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DEC 10 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SECURITY TOKEN 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:

DAVID H. SALMON

Name of Person

SALMON LEGAL GROUP, P.L.L.

Firm/Company

1395 BRICKELL AVENUE, SUITE 800

Address

MIAMI, FL 33131

City/State and Zip Code

FILINGS@SALMONLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID H. SALMON

786 508-2020

Name of Person

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 Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

SECURITY TOKEN ADVISORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 DEC -9 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/25/2018

and assigned

Florida document number L18000179303

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1395 BRICKELL AVENUE, SUITE 800

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33131

Enter new mailing address, if applicable:

1395 BRICKELL AVENUE, SUITE 800

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SALMON LEGAL GROUP, P.L.L.

New Registered Office Address:

1395 BRICKELL AVENUE, SUITE 800

*Enter Florida street address*

MIAMI

Florida

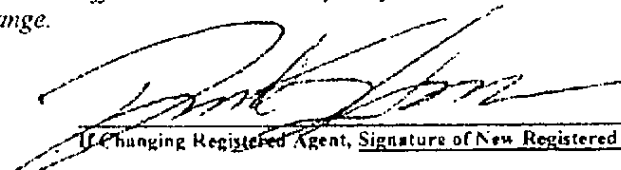
33131

*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 605, 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 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	MARIO PAZOS	800 DOUGLAS ROAD, SUITE 830	<input type="checkbox"/> Add
		MIAMI, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TEVYA FINGER	1395 BRICKELL AVENUE, #800	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HERWIG KONINGS	495 BRICKELL AVENUE, #5205	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 DECEMBER 6, 2019

*[Signature]*

Signature of a member or authorized representative of a member

HERWIG KONINGS

Typed or printed name of signee

**Filing Fee: \$25.00**