## P0500023685

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## **COVER LETTER**

'n

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SOUTHERN TRUST INTERNATIONAL CORP.				
DOCUMENT NUMBER: P05000022685				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this mat	tter to the following:			
TONY MENEN				
Name of Contact Person  AMERIWEALTH FINANCIAL CORP.				
Firm/ Company 145 ALMERIA AVE				
CORAL GABLES, FL 33134				
<del></del>	City/ State and Zip Code	<del></del>		
TONY@SECURE	VEST.NET			
	sed for future annual report	notification)		
For further information concerning this matter, please call:				
TONY MENENDEZ	786	259-2000		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301		

## Articles of Amendment to Articles of Incorporation

of

## SOUTHERN TRUST INTERNATIONAL CORP.

(Name of Corporation as currently filed with the Florida Dept. of State) PO5000022685 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: AMERIWEALTH FINANCIAL CORP. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (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 with and accept the obligations of the position.

Signature of New Registered Agent, if 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 Doc 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 J	ohn Doe	
X Remove	<u>V</u> <u>N</u>	1ike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	DANIEL SULLIVAN	145 ALMERIA AVE
Add			CORAL GABLES, FL 33134
Remove			
2) Change	D	EDWIN O'BRIEN	145 ALMERIA AVE
Add			CORAL GABLES, FL 33134
Remove			
3) Change	PSD ——	SUSAN ESCOBIO	145 ALMERIA AVE
Add			CORAL GABLES, FL 33134
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	•		
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
I/A	(= 0 2p 20 y/0)		
	<del></del>		<del></del>
			<del></del>
			<del></del>
		<del></del>	
If an amendment provides for an exch	ungo radassification or cance	llation of issued shares	
provisions for implementing the ame	ndment if not contained in the	amendment itself:	
(if not applicable, indicate N/A)	•		
/A			
			·, ·

The date of each amendment(s) a date this document was signed.	adoption: APRIL 1, 2014	, if other than the
Effective date if applicable:		
in appreciant.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated APRIL	1, 2014	
Signature	Eusan Excobio	
(By ) ( selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	SUSAN ESCOBIO	
	(Typed or printed name of person signing)	<del>_</del>
	SECRETARY	
	(Title of person signing)	