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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Southern Trust Sec	curities, Inc.	
DOCUMENT NUM	P99000052879		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Milton Fuentes, Esq.		
		Name of Contact Person	1
	M. Fuentes & Co.		
		Firm/ Company	
	PO Box 431725		
	<u> </u>	Address	
	Miami, FL 33243		
		City/ State and Zip Code	E
	milton@fuentes.law		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea:	se call:	
Milton Fuentes		at (305	
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

FILED

2021 148 20 DM o

	2021 JAN 29	
f Corporation as curren	tly filed with the Florida Den SECRETARY TALLAHAS	it. of State) OF STATE SSEE EI
		VOLU. FL
1006, Florida Statutes, thi	s Florida Profit Corporation a	dopts the following amendment(s) to
me of the corporation:		
_		T.
Corp," "Inc," or "Co".	A professional corporation i	
B. Enter new principal office address, if applicable:		
TREET ADDRESS)	Decatur GA 30032	
		nme of the
M. Fuentes 7 Co.		
201 Alhambra Circle, Sto	e 501	
(Florida s	street address)	
Coral Gables		Florida 33134
	(City)	(Zip Code)
eredligent I fam familian	r with and accept the obligation	ns of the position.
ursuant to s. 607.0120 (11) (e), F.S.	
	(Document Number 1006, Florida Statutes, this time of the corporation: the word "corporation." or "Co". or the abbreviation "P.A if applicable: TREET ADDRESS) cable: OFFICE BOX) d/or registered office addrevegistered office ad	(Document Number of Corporation (if known) 1006. Florida Statutes, this Florida Profit Corporation a time of the corporation." "company," or "incorporated" forp, "Inc," or "Co". A professional corporation or the abbreviation "P.A." if applicable: TREET ADDRESS Decatur GA 30032 d/or registered office address: M. Fuentes 7 Co. 201 Alhambra Circle, Ste 501 (Florida street address) Coral Gables (City) hanging Registered Agent: ered ligent 'I lim familiar with and accept the obligation of the obligation of the obligation of the street address of the obligation of the obligation of the street address of the obligation of the obligation of the street address of the obligation of the

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 <math>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 Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Şa</u>	ully Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	P	SUSAN M. ESCOBIO	2307 DOUGLAS ROAD, STE. 30
Add			MIAMI, FL 33145
X Remove			
2) X Change	P/S	STEPHEN CASS	3009 Del Monico Drive
Add			Decatur, GA 30032
Remove 3) Change			
Add			
Remove			
4)Change			_ _
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

xuaen <i>aaantonat s</i>	heets, if necessary).	(Be specific)			
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	<u> </u>			<u> </u>	<u> </u>
					
		<u>.</u> .		_	
f an amendment i	provides for an exch	nange, reclassification indment if not contain	i, or cancellation of	f issued shares,	
(if not applica	ble, indicate N/A)	nament ij not contan	ied in the amenom	ent usen:	
				 -	
					
		 ·			

. .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after o	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of dire action was not required.	ctors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separate	. , , , , , , , , , , , , , , , , , , ,
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	**
Signature (By a director president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	tors or officers have not been receiver, trustee, or other court
Milton Fuentes	
(Typed or printed name of pers	son signing)
Authorized Representative	
(Title of person signing)	