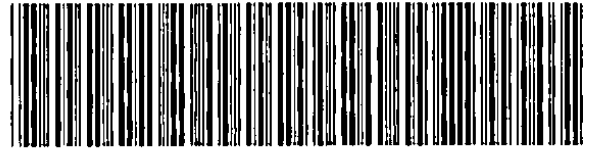


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01/21/20--01020--016 **25.

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY 12 AM 11:06
SECRETARY OF STATE
TALLAHASSEE FL 32310

MAY 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STATETRUST GROUP LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Andrea Tribin
Name of Person

STATETRUST
Firm/Company

1750 Clint Moore Road
Address

Boca Raton, FL 33487
City/State and Zip Code

corporate_affairs@statetrust.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Andrea Tribin at (305) 921-8101
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount: (PAYMENT ALREADY SENT IN PREVIOUS MAILING)
 \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

RECEIVED

MAY 08 2020

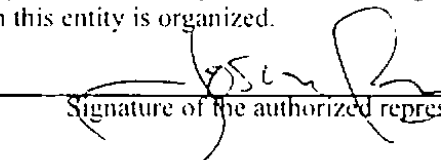
STATETRUST
CORPORATIONS

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO/Pres	Jose L. Turnes	1750 Clint Moore Road	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input type="checkbox"/> Remove
Manager	Lourdes Ponte	1750 Clint Moore Road	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Jose Luis Turnes

 Typed or printed name of signee

Filing Fee: \$25.00

2020 MAY 12 AM 11:06
 STATE OF FLORIDA
 SECRETARY OF STATE