

1105000004420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

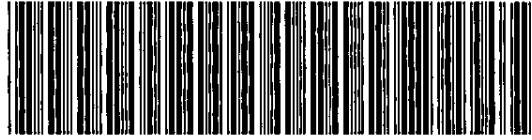
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000276836060

09/09/15--01019--020 **60.00

FILED
2015 SEP -9 P 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 11 2015
10:00AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Port Charlotte Properties L.L.C
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:

Jessica Wojciechowski
Name of Person

Elite Title of the Treasure Coast Inc
Firm/Company

3055 Cardinal Drive Suite 105
Address

Vero Beach FL 32963
City/State and Zip Code

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

For further information concerning this matter, please call:

Fran Catrambone at (732) 280-1855
Name of Person Area Code & Daytime Telephone Number

2015 SEP - 9 P 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Port Charlotte Properties LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: MO5000004420

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: Aug. 9, 2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

2015 SEP - 9 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Zip Code

FILED

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

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:

Title/Capacity	Name	Address	Type of Action
----------------	------	---------	----------------

President	Frances M. Catrambone		<input type="checkbox"/> Add
-----------	-----------------------	--	------------------------------

1815 Celeste Dr. Wall N.J. 07719	<input checked="" type="checkbox"/> Remove
-------------------------------------	--

Mgr.	Frances M. Catrambone	1815 Celeste Dr. Wall NJ 07719	<input checked="" type="checkbox"/> Add
------	-----------------------	-----------------------------------	---

	<input type="checkbox"/> Remove
--	---------------------------------

	Ambone, Frances	1815 Celeste Dr Wall N.J 07719	<input type="checkbox"/> Add
--	-----------------	-----------------------------------	------------------------------

	<input checked="" type="checkbox"/> Remove
--	--

CATR			<input type="checkbox"/> Add
------	--	--	------------------------------

	<input checked="" type="checkbox"/> Remove
--	--

Mgr.	Frances M. Catrambone	1815 Celeste Dr Wall N.J. 07719	<input checked="" 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 jurisdiction under the law of which this entity is organized

Frances M. Catrambone
Signature of the authorized representative

Frances M. Catrambone
Typed or printed name of signee

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 15 SEP -9 P 1:38

Filing Fee: \$25.00