

208000099616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

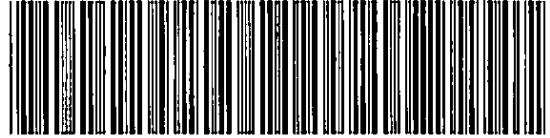
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
CORPORATION DIVISION

18 JUL -3 PM 3:53

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JUL -6 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PCPC Real Estate Holdings, 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:

Michael J. Ambrose & Anne R. Ambrose

Name of Person

Firm/Company

4303 Aldon Court

Address

Palm Harbor, FL 34685

City/State and Zip Code

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

For further information concerning this matter, please call:

Anne R. Ambrose

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
18 JUL -3 PM 3:53
CLERK OF THE STATE
TREASURY

PCPC Real Estate Holdings, LLC

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

The Articles of Organization for this Limited Liability Company were filed on December 22, 2008 and assigned Florida document number L08000099616.

This amendment is submitted to amend the following:

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

St Anne's Retreat LLC

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:

4303 Aldon Court

(Principal office address MUST BE A STREET ADDRESS)

Palm Harbor, FL 34685

Enter new mailing address, if applicable:

4303 Aldon Court

(Mailing address MAY BE A POST OFFICE BOX)

Palm Harbor, FL 34685

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:

Anne R. Ambrose

New Registered Office Address:

4303 Aldon Court

Enter Florida street address

Palm Harbor

Florida

34685

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

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 18 JUL -3 PM 3:54
 SEVENTH JUDICIAL CIRCUIT
 STATE OF FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Philip E. Arth	4220 NW 90th Terrace	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Catherine M. Arth	4220 NW 90th Terrace	<input type="checkbox"/> Add
		Coral Springs, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael J. Ambrose	4303 Aldon Court	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34685	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anne R. Ambrose	4303 Aldon Court	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34685	<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.)

Solely owned by Michael J. Ambrose & Anne R. Ambrose, husband and wife, as tenants by the entireties.

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STATE

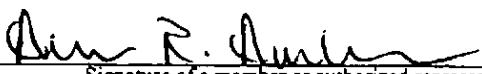
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 26, 2018



Signature of a member or authorized representative of a member

Anne R. Ambrose

Typed or printed name of signee