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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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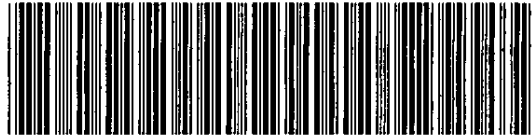
(Business Entity Name)

(Document Number)

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08 JUN 25 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/25/08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASS GROUP INVESTMENTS,LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERYL SCHOONMAKER

(Name of Person)

CLASS GROUP INVESTMENTS,LLC

(Firm/Company)

2204 Atlantic Blvd

(Address)

Jacksonville, Florida 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Schoonmaker

(Name of Person)

at (904) 219-7335

(Area Code & Daytime Telephone Number)

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

CR2E062 (08/05)

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08 JUN 25 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
CLASS GROUP INVESTMENTS, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
MICHAEL SINGLETON, MGR CORRECTION AS FOLLOWS MICHAEL SINGLETON, MGRM

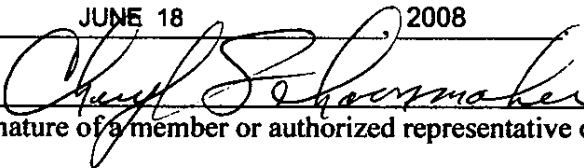
CHERYL SCHOONMAKER, MGRM CORRECTION AS FOLLOWS CHERYL SCHOONMAKER, MGRM

CLAUDIA CRAWFORD, MGRM CORRECTION AS FOLLOWS CLAUDIA CRAWFORD, MGRM

OLIVIA LOCHREN, MGRM CORRECTION AS FOLLOWS OLIVIA LOCHREN, MGR

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: JUNE 18 , 2008


Signature of a member or authorized representative of a member
Cheryl Schoonmaker

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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JUN 25 AM 11:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLASS GROUP INVESTMENTS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2204 Atlantic Blvd
Jacksonville, Florida 32207

Mailing Address:

2204 Atlantic Blvd
Jacksonville, Florida 32207

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Cheryl Schoonmaker

Name

2204 Atlantic Blvd

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32207

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 608, F.S.

Cheryl Schoonmaker

Registered Agent's Signature (REQUIRED)

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08 JUN 25 AM 11:15
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TALLAHASSEE, FLORIDA

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08 MAY 22 AM 10:51
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TALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 3

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MICHAEL SINGLETON

2223 Astor Dr

Orange Park, Fl 32073

MGRM

Cheryl Schoonmaker

2204 Atlantic Blvd

Jacksonville, Florida 32207

MGRM

Claudia C Crawford

10567 Scott Mill Rd

Jacksonville, Florida 32257

MGRM

Kathy Anderson

2223 Astor Dr

Orange Park, Fl 32073

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Cheryl Schoonmaker

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLE IV – manager(s) or Managing Member(s):

ATTACHMENT OF ADDITIONAL MGRM

MGRM

**Olivia Lochren
1800 The Greens Way #2005
Jacksonville Beach, FL 32250**

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TALLAHASSEE, FLORIDA**

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TALLAHASSEE, FLORIDA**