1400012710

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(D Musshar)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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S. PRATHE

COVER LETTER

Division of Corp	porations		
SUBJECT: TE	PRASTAR REAL	ESTATE SERVICE	s LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	RONA	LD ROSE Name of Person	
		Name of Person	
	TERRASTAR	REAL ESTATE SE	ERVICES LLC
		_	
	132 Au	MATION PKWY	
		Address	
	CAPE CO	RAL, FL 33904 City/State and Zip Code	,
		City/State and Zip Code	
	RON. KOS	to be used for future annual report notifi	\sim
	h-maii address: (to be used for future annual report notifi	eation)
For further information co	oncerning this matter, please or	all:	
RONALD	Rose	at (<u>239</u>) <u>200 –</u> Area Code Daytime	0511
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e föllowing amount:		
\$25.00 Filling Fee	□ \$30.00 Fifting 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:

TO:

Registration Section

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

TERRASTAR REAL ESTATE SERVICES #16	_
(Name of the Limited Liability Company as it now appears on any records)	1
The Articles of Organization for this Limited Liability Company were filed on 1/17/2014 and assigned Florida document number L1400012710	
This amendment is submitted to amend the following:	_
A. If amending name, enter the new name of the limited liability company here:	
CLASSIC REALTY OF SW FLORIDA 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:	_
(Principal office address MUST BE A STREET ADDRESS)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- - -
B. If amending the registered agent and/or registered office address on our records, enter the name of the pregistered agent and/or the new registered office address here:	<u>nev</u>
Name of New Registered Agent:	_
New Registered Office Address: Enter Florida street address	- -
, Florida	-
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t	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 addor removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□ Remove
		· ————————————————————————————————————	☐ Change
			Remove
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If an effect Note: It	e date, if other than the date of fili- tive date is listed, the date must be specific a f the date inserted in this block does not nt's effective date on the Department of	nd cannot be prior to date of filing or it is the applicable statutory tili	(optional) more than 90 days after filing.) Pung requirements, this date will	irsuant to 605.0207 (If n ot be listed as t
	ord specifies a delayed effective 90th day after the record is filed		time, at 12:01 a.m. on	the earlier of
Dated _	OCTUBER 8	2018		
	Fonace	a member or authorized representativ		2018
			e of a member	S TI
	RONALA	RUSE Typed or printed name of signee		5
		Typed or printed name of signee		3 11
			(TV)	<u> </u>

Filing Fee: \$25.00