

L19 000187701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

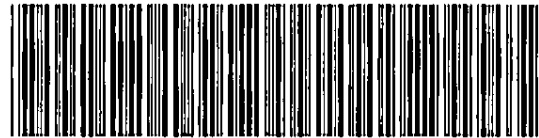
(Business Entity Name)

(Document Number)

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JUL 06 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLASSARIO 1 INVESTMENT 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:

EDWARD M. CLAS  
Name of Person

Firm/Company

1025 SW LONDON LANE  
Address

PORT ST. LUCIE, FL 34953  
City/State and Zip Code

baadman3@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD M CLAS at (718) 406-4511  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

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

CLASSARIO 1 INVESTMENT 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 7/22/2019 and assigned  
Florida document number L19000187701

This amendment is submitted to amend the following:

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

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)

1025 SW LONDON LANE  
PORT ST. LUCIE, FL 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1025 SW LONDON LANE  
PORT ST. LUCIE, FL 34953

**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:

EDWARD M. CLAS

New Registered Office Address:

1025 SW LONDON LANE

Enter Florida street address

PORT ST. LUCIE, Florida 34953  
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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

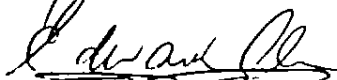
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

5/26, 2021



Signature of a member or authorized representative of a member

EDWARD PLAS

Typed or printed name of signer

## NOTICE OF WITHDRAWAL FROM PARTNERSHIP

State of Florida

ATTN: Partners of Classario 1 Investment LLC

**LINDA C ROSARIO** (the "Withdrawing Partner") is of the following address:

6390 Scott Street  
Hollywood, FL 33024

The Withdrawing Partner is a Partner in the Partnership of Classario 1 Investment LLC (the "Partnership"), formed in accordance with the provisions of an oral agreement dated July 22nd, 2019 for the following purpose:

Classario 1 Investment LLC was formed to manage condo investment located at 2014 S 10 St C, Fort Pierce, FL 34950

**LINDA C ROSARIO** desires to voluntarily withdraw from the Partnership.

The Withdrawing Partner will be leaving the Partnership on the following date: June 1st, 2021.

The Partner remaining in the Partnership is as follows:

1. **EDWARD M CLAS**, located at the following address:

1025 SW London Lane  
Port St. Lucie, FL 34953

With this document, the Withdrawing Partner gives the following amount of notice of withdrawal: 1 week in writing, and hand delivered, to the remaining Partner at Partner's last known address.

The Partnership Agreement provides that the exclusive jurisdiction for the enforcement of this matter is the courts of State of Florida.

**LINDA C ROSARIO**

Signature :

Linda C Rosario

Date :

5/26/2021