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(Requestor's Name)	
(Address)	100367431431
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	06/03/2101009-j-008 **;25
(Document Number)	
Certified Copies Certificates of Status	2 02 1 JUN -3
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**25:00<u>#</u>;

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations		
CLASSAR 10	3 INDESTHENT L	LC
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
indence concerning this matter	to the following:	
EDW	ARD M. CLAS	
	Name of Person	
-	Firm/Company	
1025	SW LONDON LANE	:
	Address	
PORT	ST. LUCIE, FL :	34953
1,000 4	City/State and Zip Code	
E-mail address: (to be used for future annual report notific	cation)
oncerning this matter, please ca	all:	
Rn M. CLAS	ar (718) 406	-4511
f Person	Area Code Daytime	Telephone Number
ne following amount:		
□ \$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)
<u>s:</u>	Street Address:	
Section	Registration Sect	
forporations 27	Division of Corp The Centre of Ta	
	Amendment and fee(s) are substandence concerning this matter Lower	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: EDWARD M. CLAS Name of Person

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{7}{23}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PORT ST. LUCIE, FC 34953	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	PORT ST. LUCIE, FL 34953	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered	
Name of New Registered Agent:	EDWARD M. CLAS	
New Registered Office Address: /0	25 SW LANDON LANE	
PORT	Enter Florida street address 5T. LUCIE, Florida Zip Code	
N. D. State of A. A. Circator of the mains Desistant America		

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 2021 JUN -3 All 6: 46 Type of Action **Title** <u>Name</u> MGR LINDA C. ROSARA 6390 SCOTT STREET DANGE

HOLLYWOLD, FL 33024 DEREMOVE ____ □Change _______DAdd ☐ Change □Add ______ Remove _____ 🗀 Add _____ □Change _____ □Add _____ □Change _____ ___ ___ ___ ___ ___ ___ ___ Add □Remove

Trainending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
	2021 JUS - 3 AM 6: 46
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	M-17-07-
. <u>. </u>	·
(If an effective date is lis Note: If the date ins	ther than the date of filing:
he record specifies a doord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	5/26 2021 Lawas Ca
<u></u>	lawas (a
	Signature of a member or authorized representative of a member
·	FDWAKI) CLAS Typed or printed name of signee

NOTICE OF WITHDRAWAL FROM PARTNERSHIP

State of Florida

ATTN: Partners of Classario 3 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 23rd, 2019 for the following purpose:

Classario 3 Investment LLC was formed to manage condo investment located at 2050 Oleander Blvd 6-303, 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:

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 :	a C'Espario
Date :	~ CFGROW
5/	26/2021