

M04000001044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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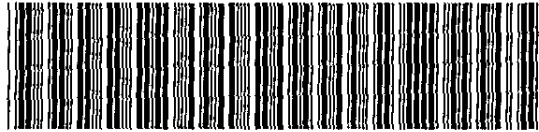
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
04 AUG -9 PM 3:05
SEC. OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 AUG -9 AM 11:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 834066 7292589

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
04 AUG - 9 PM 3:05
TALLAHASSEE, FLORIDA

ORDER DATE : August 4, 2004

ORDER TIME : 10:18 AM

ORDER NO. : 834066-010

CUSTOMER NO: 7292589

CUSTOMER: Ms. Kiomara Orozco
Chancellor Beacon Academies,
Suite 202
3250 Mary Street
Miami, FL 33133

FOREIGN FILINGS

NAME: CHANCELLOR BEACON SUPPLEMENTAL
SERVICES, LLC

XX___ PROFIT

XX___ CORPORATE

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX___ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: _____

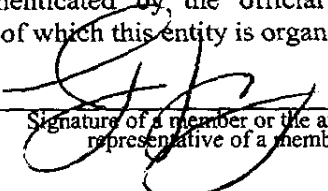
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Chancellor Beacon Supplemental Services, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 03/18/2004

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
5. New name of the limited liability company: Chancellor Supplemental Educational Services, LLC
6. If the amendment changes the period of duration, indicate new period of duration: _____
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized
representative of a member

Octavio J. Visiedo

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

PAGE 1

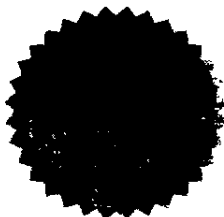
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CHANCELLOR BEACON SUPPLEMENTAL SERVICES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CHANCELLOR SUPPLEMENTAL EDUCATIONAL SERVICES, LLC", THE FIFTH DAY OF AUGUST, A.D. 2004, AT 11 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHANCELLOR BEACON SUPPLEMENTAL SERVICES, LLC" WAS FORMED ON THE FIFTH DAY OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3773227 8320

AUTHENTICATION: 3281059

040577950

DATE: 08-06-04