

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A. Account Number: 075350000065

Phone : (954)525-7500 Pax Number

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980058.0001

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

ACS I, LLLP

Certificate of Status	0
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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

	ACS 1, L	_LLP
(Insert name current	ly on file with F	lorida Department of State)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 00 certificate of amendment to its certificate.	ed partnershir	lorida Statutes, this Florida limited on, whose certificate was filed with the adopts the following ted parinership.
FIRST: Amendment(s): (Indicate	information b	eing amended, added, or deleted)
The name of the limited liability North Broward Academy at F	imited parto led Apple, L	ership shall be changed to: LLP
SECOND: Effective date, if other	than the date	of filing:
(Esfective date cannot be prior to nor more Department of State.)	s than 90 days q	fter the date this document is filed by the Florida
Signature(s) of a general partner(s) (*Note: if adding or deleting an situation is partners must sign the amendment.)	*; to ba a limited to	ability limited partnership statement, all general ACS I GP, LLC, its General Partner
	- -	Bui
		Jon athan Hage, Managing Membe
Signature(s) of new or dissociating	general parti	ner(s), if any:
Piling Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	:

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