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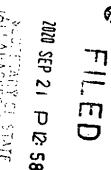
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TO: Registration S Division of C			
SUBJECT: Magnolia	School for the Arts, LP		
Nai	me of Florida Limited Parti	nership or Limited Li	iability Limited Partnership
The enclosed Certific	cate of Amendment and	d fee(s) are subm	itted for filing.
Please return all corre	espondence concerning	g this matter to:	
Melissa Gross-Arnold, E	sq. B.C.S.		
	Contact Person		
Arnold Law Firm			
	Firm/Company		
6279 Dupont Station Cor			
	Address		
Jacksonville, FL 32217			
	ity, State and Zip Code		
melissa@arnoldlawfirm		 -	
E-mail address: (to	be used for future annual re	eport notification)	
For further information	on concerning this mat	ter, please call:	
Melissa Gross-Arnold, Esq., B.C.S. at (904)731-3800			
Name of Contact Person			Daytime Telephone Number
Enclosed is a check f	or the following amou	nt:	
■ \$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing I and Certified Copy	
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Registra Divisior The Cer 2415 N.	address: ation Section of Corporations atre of Tallahassee Monroe Street, Suite 810 assee, FL 32303

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

Ø20	
F	EILED
2020 SEP	- ED
100 TO STANA (C)	21 P & 58
1444	3) or 58

Magnolia School for the Arts, LP				MANAGER PR
Insert name curre	ntly on fil	le with Florida Departmen	nt of State	SAMASTE . TEAST
Pursuant to the provisions of section 620. limited liability limited partnership, whos April 22, 2014 assig	se certifi		e Florida	Department of State on
adopts the following certificate of amend				
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name here:	of the l	imited partnership or	limited lia	ability limited partnershi
New name must be d	listinguish	nable and contain an accep	otable suffic	<u>. </u>
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership				o, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	r princi _l	pal office address, <u>er</u>	iter new	mailing address and/o
New Principal Office Addre	ess:	7100 W. Oakland Park	Blvd	
(Must be STREET address)		Lauderhill, Florida 333	13	
New Mailing Address:		7100 W. Oakland Park		
(May be post office box)		Lauderhill, Florida 333	13	
C. If amending the registered agent and/or registered agent and/or the new registered of			r records,	enter the name of the new
Name of New Registered Agent:	Meliss	a Gross-Amold, Esq., B.C	C.S.	
New Registered Office Address:	6279 E	Supont Station Court		
		Enter Florida	street ada	ress
	Jackso	nville	, Florid	a 32217
	 -	City	_	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

			ES
		If Changing Registered Agen	t. Signature of New Registere
nending the gen removed from	eral partner(s), enter the	name and business address	ss of each general part
	me	<u>Address</u>	Type of Action
	<u></u>	110m til	Type of Action
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(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

•			(s) here: (Attach additional sheets, if necessary.) pionship Academy of Distinction K-8, Inc.
		.	reflected in Document No. N16000004305.
Championship Academy of Distinction K	-8 (3), Inc.	's address shou	ould be updated to 7100 West Oakland
Park Blvd., Lauderhill, FL 33313.			
State.)	e than 90 d	days after the a	date this document is filed by the Florida Department of e statutory filing requirements, this date will not ate's records.
	er is requir ership" ele	red to sign this ection statemer	s document unless the limited partnership is adding or int. Chapter 620, F.S., requires all general partners to sign
Ethel Dickens as President of Championsh Distinction K-8 (3), Inc., General Partner	nip Academ	ny of	
Signature(s) of all new or dissoci	ating ger	neral partn	ner(s), if any:
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		
Certificate of Status (optional):	\$8.75		