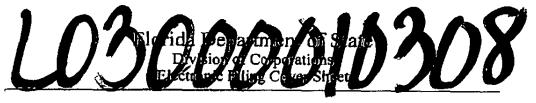
Division of Corporations

Page I of I



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001910093)))



H130001910093ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

2019 AUG 27 AM 10: 24

Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please.

Email	Addresa		_	_							
-------	---------	--	---	---	--	--	--	--	--	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE REFUGE, A HEALING PLACE, LLC

Certificate of Status

Certified Copy

Page Count

Estimated Charge

S25.00

AUG 28 2013

D. ERUCE

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

		aling Place, LLC					
(Name of the Limited L (A F	Torida Limited L	iability Company)	rs on our records.)				
The Articles of Organization for this Limited Liab	oility Company	were filed on	March 21, 2003	and as	signed		
Florida document numberFL03000010308	<u> </u>						
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of t	he limited liab	ility company he	r <u>e</u> :				
The new name must be distinguishable and end with	the words "Limi	ited Liability Comp	any," the designation "LI	C" or the	abbrevi	ation	
"L.L.C,"				A LE	2013	CROS er	
Enter new principal offices address, if applical	ble:	830 Crescent Ce	ntre Drive, Suite 610	≥₩	2		
(Principal office address MUST BE A STREET	ADDRESS)	Franklin, TN 37	067	AS	_C)	**************************************	
				SE Y	7	Ē	
				LICO COL	2		
Enter new mailing address, if applicable:				10. 1.S	ō	TATTOON E	
Mailing address MAY BE A POST OFFICE B	oxo			63	22		
1.1111111111111111111111111111111111111	.3 <u>.1.0</u> 4			3.00			
							
B. If amending the registered agent and/or			our records, <u>enter tl</u>	не пате	of the	new	
registered agent and/or the new registered offi	<u>ce address her</u>	<u>re</u> :					
Name of New Registered Agent:	CT Corporatio	n System					
		outh Pine Island Road					
		Enter Florida street address					
	Plantation		Florida _333	124			
•		City		ZIp Coo	de		
New Registered Agent's Signature, If changing R.	egistered Agent	i					
						_	
I hereby accept the appointment as registered the provisions of all statutes relative to the pracept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company	roper and comp tered agent as egistered offici	plete performance provided for in (e of my duties, and I a Chapter 608, F.S. Or, by confirm that the lin	m familie if this doc	ar with cument ility	and	

Page 1 of 3

Ternell Kearney Asst. Secretary

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the little, name, and address of each Manager or Managing Member being added or removed from our records:

MGR =	Manager	
MGRM	= Managing	Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Acadia Healthcare Company, Inc.	830 Crescent Centre Drive, Suite 610	
		Franklin, TN 37067	Remove
MGRM	Judith Crane	14735 SE 85th Street	Add
		Ocklawsha, FL 32179	Remove
MGR	Lew Hocchstetter	990 S. Congress Avenue, Suite 3	Add
		Delray Beach, FL 33445	Remove
MGRM	Jeffrey Sleiner	2201 NW 30th Place	WIN AUG 27
		Pompano Beach, FL 33069	Remeve Remeve 10: 24
			Add
			Remove
			Add
			Remove

D. L	amending any of Article VIIL N	ther information, enter change(s) here: (Auach additional sheets, if necessary.) (Anagement
	The limited lia	bility company is to be member-managed.
Dated _	August 29	2013
		04077
		Signature of a member or authorized representative of a member
		David Duckworth, Vice President and Treasurer of Managing Member
		Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

PILED
2017 AUG 27 AN IO: 24
SECNE LARRY OF STATE
TALLAHASSEE FLORIDS