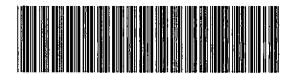
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| Divi | ision of Corp | orations | | | |
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| SUBJECT: | ногм вен | IAVIORAL SERVICES, LLC | | | |
| SUBJECT. | | Name of Limi | ited Liability Company | | |
| | | | | | |
| The enclosed | Articles of A | Amendment and fee(s) are subr | mitted for filing. | | |
| Please return | all correspon | dence concerning this matter t | to the following: | | |
| | | Morgan W. Streetman | | | |
| Name of Person | | | | | |
| Streetman Law | | | | | |
| Firm/Company | | | | | |
| | | 1906 N. Tampa St., Ste. 20 | 00 | | |
| | | | Address | | |
| | | Tampa, Florida 33602-213 | 3 | | |
| | | V 00 1 | City/State and Zip Code | | |
| Morgan@StreetmanLaw.com E-mail address: (to be used for future annual report notification) | | | | | |
| For further in | nformation co | encerning this matter, please ca | | , | |
| Morgan Stre | etman | | 813 227-8689 at () | | |
| | Name of | Person | Area Code Daytime | Telephone Number | |
| Enclosed is a | check for the | e following amount: | | | |
| \$25.00 F | iling Fee | □ \$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) | |

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLM BEHAVIORAL SERVICES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 10, 2015 and assigned Florida document number _____L15000062957 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JONES BEHAVIORAL SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

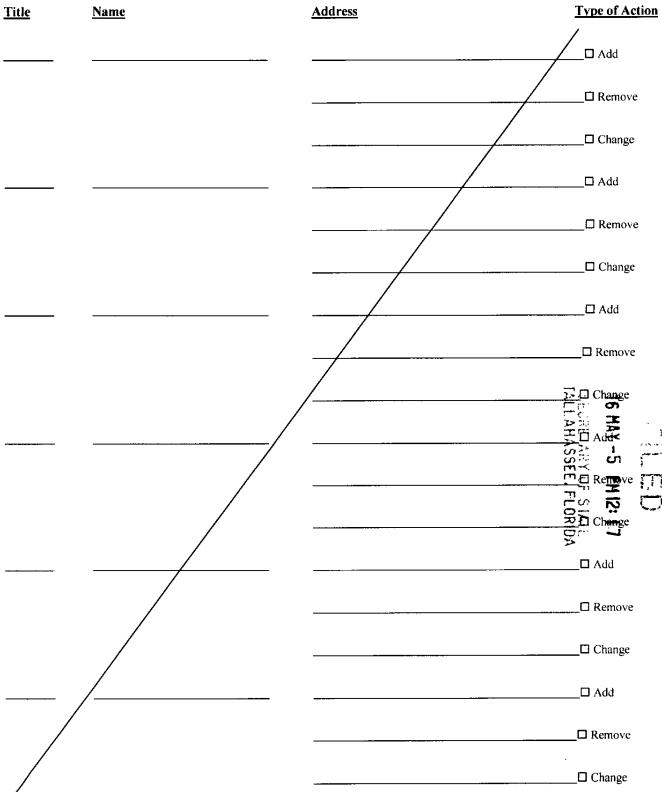
City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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



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| Effective date, if other than the | date of filing: | | ⇒ (optional) | |
| f an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D | st be specific and cannot be prior lock does not meet the application. | able statutory filing require | 0 days after filing.) Pursuant to 605.0 | 0207 d as |
| ne record specifies a delaye The 90th day after the rec | d effective date, but no | | 12:01 a.m. on the earlie | r o! |
| www. way wron till the | | | | |
| Dated May 2 | 2016 | | | |
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee