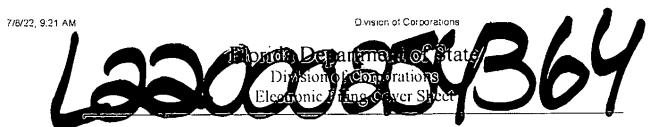
To: 18506176383 From: 19166105073 Date: 07/08/22 Time: 7:23 AM Page: 02/05



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

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

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAFE HAVEN MENTAL HEALTH SERVICES LLC

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Help T. LEMIEUX To: 18506176383 · From: 19166105073 Date: 07/08/22 Time: 7:23 AM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Safe Haven Mental Health Services LLC	
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.  Inability Company)
The Articles of Organization for this Limited Liability Company  Florida document number <u>L22000254364</u> This amendment is submitted to amend the following:  A. If amending name, <u>enter the new name of the limited liabi</u>	·
<u> </u>	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2291 Carriage Pointe Loop Apopka, FL 32712
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2291 Carriage Pointe Loop Apopka, FL 32712
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	P C

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 accument 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.

To: 18506176383 · From: 19166105073 Date: 07/08/22 Time: 7:23 AM Page: 04/05

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Change
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Remove
			☐ Change
			Remove
			DChange
			□Remove
			[]Change

To: 18506176383 · From: 19166105073 Date: 07/08/22 Time: 7:23 AM Page: 05/05

). If amending	g any other informat	ion, enter change(	s) here: (Attach	additional sheet:	s, if necessary.)	
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(If an effective Note: If the	ate, if other than the date is listed, the date must date inserted in this blo effective date on the De	the specific and eannot ack does not meet the	be prior to date of fi c applicable statut	ding or more than 90 ory filing requiren	(optional) days after filing.) Pursu nents, this date will no	ant เม 605,0207 (3 of be listed as th
the record spec cord is filed.	cifies a delayed effective	e date, but not an eff	ective time, at 12.	01 a.m. on the ear	lier of. (b) The 90th	day after the
Dated	July 1	. 20	22 .			
		Valencia Signature of a member	Sylveus			
_		Signature of a member	or fathorized repre	sentative of a memb	er	<del></del>
		Valenci	ia Sylveus			
-		Type	l or printed name of	signee		<del></del>