

5/1/23, 5:06 PM

Division of Corporations

M0700000011

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEACON HEALTH STRATEGIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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DIVISION OF CORPORATIONS
FLORIDA

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LLC

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Help
T. LEMIEUX
MAY 03 2023

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Beacon Health Strategies LLC

Enter new principal office 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)*

2. The Florida document number of this limited liability company is: M07000000011

3. Jurisdiction of its organization: Massachusetts

4. Date authorized to do business in Florida: 12/29/2006

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Carelon Behavioral Health Strategies, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

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:
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.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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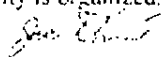
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9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

JOE DAVIS

Typed or printed name of signee

Filing Fee: \$25.00



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02183

William Francis Galvin
Secretary of the
Commonwealth

April 20, 2023

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

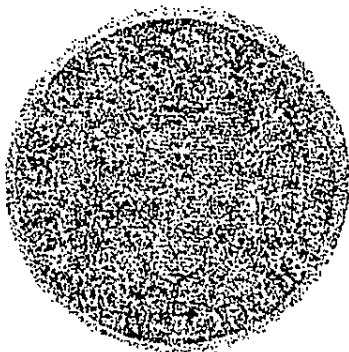
**CARELON BEHAVIORAL HEALTH STRATEGIES, LLC
(ORGANIZED AS: BEACON HEALTH STRATEGIES LLC)**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **June 7, 1996**.

I also certify that the following amendments to said Limited Liability Company have been filed:

Restated Certificate of Organization Filed: March 8, 2023

I further certify that no other amendment to said certificate of organization has been filed; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,
I have herewith affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth