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Ta:

Division of Corporations

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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.

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

Certificate of Status	0
Certified Copy	I
Page Count	04
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LEMIEUX MAY 0 3 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 Fl	orida 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: $\frac{M070}{1}$	0000001
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)	<u> </u>
 New name of the limited liability company: Carclon Behavioral Health: (must contain "Limited Liabil 	ity Company, " "L.L.C.," or "L.L.C.
(If name unavailable, enter alternate name adopted for the purpose of transcopy of the written consent of the managers or managing members adoptin must contain "Limited Liability Company," "L.L.C." or "LLC.")	ncting business in Florida and attackang the alternate name. The alternate name
 If amending the registered agent and/or registered officer address on our registered agent and/or the new registered office address here; 	records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enler -	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 thi, the provisions of all statutes relative to the proper and complete performan and accept the obligations of my position as registered agent as provided for document is being filed to merely reflect a change in the registered office a liability company has been notified in writing of this change.	s capacity. I further agree to comply with we of my duties, and I am familiar with or in Chapter 605, F.S. Or, if this

le/ Capacity	Name	<u>Address</u>	Type of Actic
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aforementioned an	آcate, if required: no more than 90 iendment(s), duly authenticated by the law of which this entity is orga	the official having custody of records in the	

Filing Fee: \$25.00

To: Page: 5 of 5 2023-05-01 15:09:57 CST 12122023573 From, David Thomas



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts, 02188

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

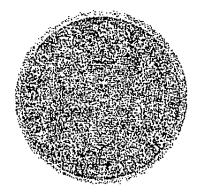
CARELON BEHAVIORAL HEALTH STRATEGIES, LLC (ORGANIZED AS: BEACON HEALTH STRATEGIES LLC)

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 hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Nauin Galetin