

MA600000448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

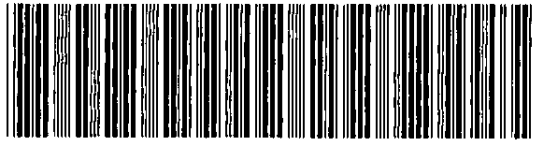
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 JUL 12 AM 8:32
DIVISION OF CORPORATIONS

2017 JUL 12 PM 4:20
FILED
TALLAHASSEE, FLORIDA

O SIMMONS
JUL 13 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 719725 7881631

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : July 12, 2017

ORDER TIME : 3:50 PM

ORDER NO. : 719725-020

CUSTOMER NO: 7881631

FOREIGN FILINGS

NAME: G4S YOUTH SERVICES, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G4S Youth Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Townsend

Name of Person

TrueCore Behavioral Solutions, LLC

Firm/Company

6302 Benjamin Road, Suite 400

Address

Tampa, FL 33634

City/State and Zip Code

david.townsend@truecorebehavioral.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Townsend

Name of Person

at (813) 514-6275

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**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: G4S Youth Services, LLC

Enter new principal office address, if applicable: N/A - Remains the same

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

N/A - Remains the same

2. The Florida document number of this limited liability company is: M96000000448

3. Jurisdiction of its organization: State of Virginia

4. Date authorized to do business in Florida: 11/13/1996

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

5. New name of the limited liability company: TrueCore Behavioral Solutions, 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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Martin Favis

Typed or printed name of signee

Filing Fee: \$25.00

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**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

AT RICHMOND, JUNE 27, 2017

The State Corporation Commission has found the accompanying articles submitted on behalf of

TRUECORE BEHAVIORAL SOLUTIONS, LLC
(formerly known as G4S Youth Services, LLC)

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it
is ORDERED that this

CERTIFICATE OF AMENDMENT

be issued and admitted to record with the articles of amendment in the Office of the Clerk of the
Commission, effective June 27, 2017.

STATE CORPORATION COMMISSION

By

A handwritten signature in black ink, reading "Judith Williams Jagdmann". The signature is written in a cursive, flowing style.

Judith Williams Jagdmann
Commissioner

**ARTICLES OF AMENDMENT
CHANGING THE NAME OF A VIRGINIA LIMITED LIABILITY COMPANY**

The undersigned, on behalf of the limited liability company set forth below, pursuant to §13.1-1014 of the Code of Virginia, states as follows:

1. The current name of the limited liability company, as it appears on the records of the State Corporation Commission, is:

G4S YOUTH SERVICES, LLC

2. The name of the limited liability company is changed to:

TRUECORE BEHAVIORAL SOLUTIONS, LLC

3. The foregoing amendment was adopted by a vote of the members in accordance with the provisions of the Virginia Limited Liability Company Act on June 21, 2017.

* * *

Executed in the name of the limited liability company by:

G4S YOUTH SERVICES, LLC

By: BHSB Holdings, Inc.

Its: Sole Manager

By: 

Name: Martin Favis

Title: Vice President

Date: 6-23-17

Limited Liability Company's SSC ID no.: S0151219

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STATE CORPORATION COMMISSION

By



Judith Williams Jagdmann
Commissioner

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

The foregoing is a true copy of the articles of amendment filed in the Clerk's Office of the Commission on June 27, 2017 by TRUECORE BEHAVIORAL SOLUTIONS, LLC, a Virginia limited liability company.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
June 28, 2017*

Joel H. Peck

Joel H. Peck, Clerk of the Commission