



| DATE       | DOCUMENT ID  | DESCRIPTION                                   | FILING | EXPED | CERT | COPY |
|------------|--------------|-----------------------------------------------|--------|-------|------|------|
| 09/08/2020 | 202024704316 | LIMITED LIABILITY COMPANY - RESTATEMENT (LRA) | 50.00  | 0.00  | 0.00 | 0.00 |

**Receipt**

This is not a bill. Please do not remit payment.

N/A  
POST OFFICE BOX 2121  
WESTERVILLE, OH 43086

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose**  
**4392319**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**ONE COMMUNITY MENTAL HEALTH LLC**

and, that said business records show the filing and recording of:

Document(s)

**LIMITED LIABILITY COMPANY - RESTATEMENT**

Effective Date: 09/03/2020

Document No(s):

**202024704316**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
8th day of September, A.D. 2020.

**Ohio Secretary of State**

Form 543A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Domestic Limited Liability Company Certificate of Amendment or Restatement

**Filing Fee: \$50****Form Must Be Typed****(CHECK ONLY ONE (1) BOX)****(1) Domestic Limited Liability Company**☒ Amendment (129-LAM)

9/03/2020

Date of Formation  
(MM/DD/YYYY)**(2) Domestic Limited Liability Company**☐ Restatement (142-LRA)

MM/DD/YYYY

Date of Formation  
(MM/DD/YYYY)

The undersigned authorized representative of:

ROYALS CLEANING SERVICES LLC

Name of Limited Liability Company

4392319

Registration Number

**If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.**

The name of said limited liability company shall be:

One Community Mental Health LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

As of 9/03/2020 changing the name to One Community Mental Health LLC

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

ROBERTAACHEAMPONG

Signature

By (if applicable)

ROBERTA ACHEAMPONG

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name