

L12000129265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
2017 FEB 21 AM 8:37  
FEB 21 2017

M. MILLIGAN  
FEB 24 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2017

TRISTAN FAITH, PHD, LMHC, LPCC  
12606 LAKEBROOK DR.  
ORLANDO, FL 03282-8

SUBJECT: TRANSITIONS FAMILY SERVICES, LLC  
Ref. Number: L12000129265

We have received your document for TRANSITIONS FAMILY SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to our conversation of January 12, 2017, articles of amendment to the articles of organization should be completed to change the name of your limited liability company. Please complete and return the enclosed blank form(s), also previously emailed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 417A00002171

RECEIVED  
2017 FEB 21 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Transitions Family Counseling (Services) LLC  
Name of Limited Liability Company  
trying to change name from Transitions Family Services LLC  
to Rebuilding Recovery LLC  
The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tristan Faith PhD, LMHC  
Name of Person

Transitions Family Services LLC  
Firm/Company

12606 Lakebrook Dr  
Address

Orlando, FL 32828  
City/State and Zip Code

tristanfaith@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tristan Faith at (407) 223-8873  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee    ☒ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
- already sent*

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Transitions Family Services  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 10, 2016 and assigned Florida document number L12000129265

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Rebuilding Recovery LLC  
The new name must be distinguishable and contain the words "Limited Liability 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)

687 Cedar Forest Circle  
Orlando, FL 32826

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

12606 Lakebrook Drive  
Orlando, FL 32828

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

Same  
Name of New Registered Agent: Tristan Faith

New Registered Office Address: 12606 Lakebrook Dr  
Enter Florida street address

Orlando, Florida 32828  
City 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

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

no other amendments.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated January 16, 2017.

Tristan Faith

Signature of a member or authorized representative of a member

Tristan Faith

Typed or printed name of signee

