

L22000149470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

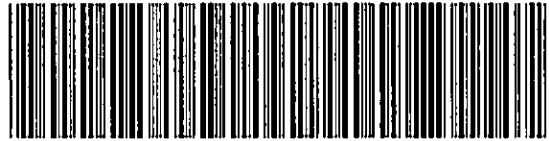
(Business Entity Name)

(Document Number)

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2023 JAN -5 AM 11:45

CLERK OF DISTRICT COURT  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2022

TRAVIS BALDEO  
FAMILY FIRST RESTORATION, LLC  
5645 CORAL RIDGE DRIVE STE 418  
CORAL SPRINGS, FL 33076

SUBJECT: FAMILY FIRST RESTORATION, LLC  
Ref. Number: W22000099187

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2023 JAN -5 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FL

We have received your document for FAMILY FIRST RESTORATION, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L22000149470.

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) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 722A00016995

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Family First Restoration, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Travis Baldeo  
Name of Person

Family First Restoration, LLC  
Firm/Company

5645 Coral Ridge Drive Ste 1118  
Address

Coral Springs, FL 33076  
City/State and Zip Code

+7baldeo@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Baldeo at (954) 496-1144  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Family First Restoration, LLC

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

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2023 JAN -5 AM 11:46  
CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/28/2022 and assigned  
Florida document number L22000149470.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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>
<u>MGR</u>	<u>Tyler Baldeo</u>	<u>9125 W. Commercial Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, FL</u>	<input type="checkbox"/> Remove
		<u>33351</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>DERRICK S. JONES</u>	<u>333 SW 6th Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Delray Beach, FL</u>	<input type="checkbox"/> Remove
		<u>33444</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA  
TALLAHASSEE, FL  
SECRETARY OF STATE

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

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WILHELM HASEE, FL

E. Effective date, if other than the date of filing: 6/1/2022 (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 August 22<sup>nd</sup>, 2022

~~Signature of a member or authorized representative of a member~~

Travis Baldeo

Typed or printed name of signee

**Filing Fee: \$25.00**