N23000010956

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	First Foundation, Inc		
DOCUMENT NUMBER:	956		
The enclosed Articles of Amendment at	nd fee are submitted for fili	ng.	
Please return all correspondence concern	ning this matter to the follo	wing:	
Chandeline Butler			
	(Name of Co	ntact Person)	
Family First Foundation, Inc			
	(Firm/ C	ompany)	
7401 Wiles Road Suite 218			
	(Add	lress)	
Coral Springs, FL 33067			
	(City/ State a	nd Zip Code)	· · · · · · · · · · · · · · · · · · ·
Chandelinebutler@outlook.com			
E-mail addres	ss: (to be used for future an	nual report notifica	ition)
For further information concerning this i	natter, please call:		
Chandeline Butler		954 at	5605110
(Name of C	ontact Person)		e) (Daytime Telephone Number)
Enclosed is a check for the following arr	ount made payable to the I	lorida Department	of State:
■ \$35 Filing Fee □\$43.75 F Certifica	iling Fee & S43.75 Filite of Status Certified C (Additiona enclosed)	topy Co I copy is Ce (A	2.50 Filing Fee entificate of Status entified Copy dditional Copy is enclosed)
Mailing Address Amendment Section		Street Addre	
Division of Corporation P.O. Box 6327	ens	Division of Co	orporations of Tallabaseon

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Family First Foundation, Inc		
Name of Corporation as currently filed with the Florida I N13000010956	Dept. of State)	
(Document Numb	per of Corporation (if known)	
ursuant to the provisions of section 617,1006, Florida Statutomendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporat	ion adopts the following
A. If amending name, enter the new name of the corporat	ion:	
amily First Behavioral Health, Inc		The new
ame must be distinguishable and contain the word "corpora Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbrevia	tion "Corp." or "Inc."
B. Enter new principal office address, if applicable:	7401 Wiles Road Suite 224	
Principal office address MUST BE A STREET ADDRESS	Coral Springs, FL 33067	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	7401 Wiles Road Suite 224	
	Coral Springs, FL 33067	
D. If amending the registered agent and/or registered offi	ce address in Florida, enter the name o	of the
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, F1	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of	the position.
	ignature of New Registered Agent, if cha	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	PTD	Chandeline Butler	7401 Wiles Road Suite 224 Coral Springs, FL 33067
Remove			
2) × Change Add	<u>CD</u>	Larry James Butler II	7401 Wiles Road Suite 224 Coral Springs, FL 33067
Remove 3) Remove Add Remove			
4) Change Add			
Remove			<u> </u>
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
			
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The date of each amendment(s) adopti	ion:	_, if other than the
date this document was signed.		
Effective date if applicable:	8/20/2023	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departs	oes not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

	08/20/2023
Dated	
Signatur	· Charoleh R. f
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Chandeline Butler
	(Typed or printed name of person signing)