

L12000077682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

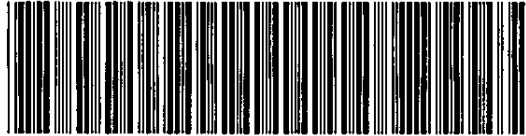
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOV 20 2015  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Full Circle Protective Agency  
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:

Jonathan Eubanks  
Name of Person

Firm/Company

Po box 735  
Address

Mountain Home TN 37684  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan Eubanks at (407) 376 2997  
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)

**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**

FULLCIRCLE Protective Agency LLC  
(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 Jun, 12, 2012 and assigned Florida document number L12000077682

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Jonathan Eubanks

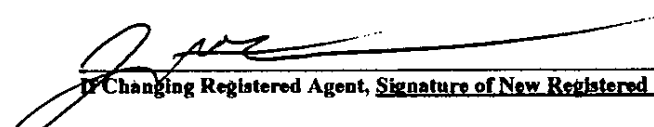
New Registered Office Address:

Same on file  
Enter Florida street address

Same on file, Florida 33317  
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>                      |
|--------------|------------------|---------------------------|--------------------------------------------|
| MGR          | Manager          | Lynce Hall 4360 Peters rd | <input type="checkbox"/> Add               |
|              |                  | Suite 8                   | <input checked="" type="checkbox"/> Remove |
|              |                  | Plantation FL 33317       | <input type="checkbox"/> Change            |
| MGR          | Jonathan Eubanks | 4360 Peters Rd            | <input type="checkbox"/> Add               |
|              |                  | Suite 8                   | <input type="checkbox"/> Remove            |
|              |                  | Plantation FL 33317       | <input checked="" type="checkbox"/> Change |
|              |                  |                           | <input type="checkbox"/> Add               |
|              |                  |                           | <input type="checkbox"/> Remove            |
|              |                  |                           | <input type="checkbox"/> Change            |
|              |                  |                           | <input type="checkbox"/> Add               |
|              |                  |                           | <input type="checkbox"/> Remove            |
|              |                  |                           | <input type="checkbox"/> Change            |
|              |                  |                           | <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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(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)

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 10/1/2015, 2015.

Signature of a member or author

Signature of a member or authorized representative of a member

Jonathan Fukant S  
Typed or printed name of signer

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FALLABASE, FLORIDA