

L170000 30837

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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09/29/19 10:00:00

2019 SEP 29 PM 2:45

OCT 03 2019
C. J. HARRIS



855-295-1132 | info@TorresPro
1951 NW 7th Ave. Suite 160-110,
www.TorresProtectionGroup.com

To whom it may concern:

I am changing the name of our corporation from "Full Circle Backgrounds" to "Cosley Torres Investigations, LLC".

I have attached our filing fee of \$25.

My phone number is 904-460-5940.

Return address:

1951 NW 7th Ave. Suite 160-110

Miami, FL 33136

Thank you!

Kasey Cosley

Rafael Torres

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FULL CIRCLE BACKGROUNDS, 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:

Milton Fuentes, Esq.

Name of Person

M. Fuentes & Co.

Firm/Company

PO Box 431725

Address

Miami, Florida 33243

City/State and Zip Code

Milton@Fuentes.Law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Milton Fuentes

305

447-1960

at ()

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**

FULL CIRCLE BACKGROUNDS, 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 02/08/2017 and

Florida document number L17000030837.

This amendment is submitted to amend the following:

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

COSLEY TORRES INVESTIGATIONS, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1951 NW 7th Ave
Suite 160-110
Miami, FL 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same ↑

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/> /
		_____	<input type="checkbox"/> F
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> R
		_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Adc
		_____	<input type="checkbox"/> Ren
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Cha
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Chan

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

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 6

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li
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 ear

(b) The 90th day after the record is filed.

Dated

9/19/2019.

Kasey Costley

Signature of a member or authorized representative of a member

Kasey Costley

Typed or printed name of signer