

L18000133460

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : 120160000008
Phone : (850) 777-2091
Fax Number : (770) 220-1943

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

scavanaugh@dickinsonwright.com

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FLORIDA DEPARTMENT OF STATE
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FINLAY MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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K. SALY

JUN 4 2018

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
18 JUN -1 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Finlay Management 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 5/30/2018 and assigned Florida document number L18000133460.

This amendment is submitted to amend the following:

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

Lloyd Jones 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)

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:

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 being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Change

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