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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone #)
☐ PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
		}
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Amendico

SEP 1 1 2018

COVER LETTER

SUBJECT:	Lloyd Jones	LLC		
SOBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are subm	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		Suzanne Wilder		
		Lloyd Jones LLC	Name of Person	
		1001 Brickell Bay Drive, S	Firm/Company uite 1504	
		Miami, FL 33131	Address	
		swilder@lloydjonesllc.com	City/State and Zip Code	<u> </u>
For further in	nformation co	E-mail address: () oncerning this matter, please ca	o be used for future annual report notificall:	ation)
Suzanne Wi			305 878-2798 at ()	
	Name of	f Person	Area Code Daytime T	Felephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

TO:

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

Lloyd Jones LLC		
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears or orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabili Florida document number L18000133460	ty Company were filed on <u>05/30/</u>	2018 and assigned
This amendment is submitted to amend the following	g:	
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 desig	mation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AI	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	2015.
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the
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 t 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
	Carroll Finlay	1102 A1A N STE 206	
MGR			
		PONTE VEDRA BEACH, FL 32082	■ Remove
			Change
MGR	Christopher C. Finlay	1001 Brickell Bay Drive, Ste1504	
			= Add
		Miami, FL 33131	
			Remove
			☐ Change
			□ Add
			Remove
			Change
			☐ Remove
		Change	
			Add
			Remove
			Change
			☐ Change

11 411.	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	September 2019
	Signature of a member or authorized representative of a member
	SWZMANE L. WILDER, ESQ, CORPORATE COUNTEL Typed or printed name of signee Atty-in-Fact

Page 3 of 3

Filing Fee: \$25.00