## L15000037342

(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Chary Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to rining Officer.
<u> </u>

Office Use Only



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19 JUN - S AR 10: 40
PER AND SECULOR OF CORPORATIO
TALLAHASSEE, FLORIDA

K. SALY JUN - 6 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO.	: 12000000195
REFERENCE	1 // \ / /
AUTHORIZATION	: Spelle le ra
COST LIMIT	: \$ 25.00
ORDER DATE : June 5, 2019	
ORDER TIME : 9:08 AM	
ORDER NO. : 791897-005	
CUSTOMER NO: 4321252	
COSTOMER NO. 4321232	
DOMESTIC AME	NDMENT FILING
NAME: SOUTH5 LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCOR	PORATION
PLEASE RETURN THE FOLLOWING AS P	ROOF OF FILING:
CERTIFIED COPY  PLAIN STAMPED COPY  CERTIFICATE OF GOOD STAN	DING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

## COVER LETTER

TO: Registration Section Division of Corporations	
SOUTH5 LLC SUBJECT:	
Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Statement of Authority and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nicholas Donoyan  Name of Person	
GVM Law, UP Firm'Company	
1000 Main St, Suite 300	
Mapa CA 94559 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Nicholas Denorus at 707 252 9000	<u>.</u>
Name of Person Area Code Daytime Telephone Number	ŗ.

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314

## STATEMENT OF AUTHORITY

Pursuant to section 605,0302(1), Florida Statutes, this limited liability company submits the following statement of authority:
FIRST: The name of the limited liability company is:
1.45000073.40
SECOND: The Florida Document Number of the limited liability company is:
THIRD: The street address of the limited hability company's principal office is:  245 WASHINGTON AVENUE
MIAMI BEACH, FL 33139
The mailing address of the limited liability company's principal office is:  HIGHWAY 1 HOSPITALITY, LLC
23240 HIGHWAY 1
MARSHALL, CA 94940
position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:  1. May execute an instrument transferring real property held in the name of the company.  a. Granted to: DENA GRUNT
· · · · · · · · · · · · · · · · · · ·
b. No authority granted to:
2 May enter into other transactions on behalf of, or otherwise act for or bind, the company, a. Granted to: DENA GRUNT
b. No authority granted to:
Muster Dena Grunt
Signature of authorized representative  Typed or printed name of signature  Filing Fee: \$25.00  Certified Copy: \$30.00 (optional)

CR2E138 (2714)