## L19000270043

(Requestor's Name)
(Address)
(Address)
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(222,
(Document Number)
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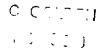
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	Barlor, LLC		
50B/EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kim Stanfield		
	<del> </del>	Name of Person	
	The Hogan Law Firm		
	***************************************	Firm/Company	
	20 So. Broad Street		
		Address	<del></del>
	Brooksville FL 34601		
	<del></del> -	City/State and Zip Code	
	registeredagents@hoganlaw		
•	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Kim Stanfield		352 799-8423 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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 Addre	88:	Street Address:	

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

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Black Dog Barlor, 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 Liab	oility Company were filed on 10/29/2019	and assigned
Florida document number L19000270043	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
Five South, LLC		•
The new name must be distinguishable and contain the wor-	ds "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	·	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida Zip Code

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗀 Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an efl Note:	ive date, if other than the date of filing:
e recor	rd 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 led.
Dated	January 8 Delinal Hogan
	Signature of a member or authorized representative of a member
	Deborah Hogan, Authorized Representative
	Typed or printed name of signee

Filing Fee: \$25.00