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Certified Copies	Certificates of	of Status
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COVER LETTER

TO:	Registration Se Division of Cor		(9)	
CIDI	5277 Partne	ers, LLC		
SUBJI	c:	Name of Lim	ited Liability Company	······································
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		J. Rod Martin		
			Name of Person	
		5277 Partners, LLC		
			Firm/Company	
		3990 Sheridan St. Suite 21	IA	16 OCT 21 PM
			Address	2
		Hollywood, Fl 33021		7
		rodmartinmail@gmail.com	City/State and Zip Code	16 OCT 21 PH 3: 13
		E-mail address: (to be used for future annual report not	ification)
For fur	ther information c	oncerning this matter, please ca	all:	
J. Rod	Martin		305 439-7416	
	Name o	f Person	at ()at () Area Code Daytin	ne Telephone Number
Enclos	ed is a check for the	ne following amount:		
\$2	5.00 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)
	MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5277 Partners, LLC				
(Name of the Limit	ted Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number	iability Company	were filed on	.010 a	nd assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited lial	pility company here:		
The Penlar Group, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the design	ation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applic	able:	n/a	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREE	T ADDRESS)			8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	n/a 		TARY OF LO
B. If amending the registered agent and	or registered o		r records, enter the n	name of the new
registered agent and/or the new registered o	ffice address her	re:		
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			
		Enter Florida s	treet 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 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
MGR	-,, -,-,-		Add
			□ Remove
			□ Change
			☐ Remove
			Change
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			Remove
			Change:
			Add
			Remove
		 	□ Change
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			□ Remove
			Change
			□ Add
			Remove
			☐ Change

	<u> </u>
	21
	—
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot ote: If the date inserted in this block does not meet the cument's effective date on the Department of State's	(optional) to be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 e applicable statutory filing requirements, this date will not be listed as records.
record specifies a delayed effective date, in the 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of
October 18 , 2016	6
)	
Signature of a member	r or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00