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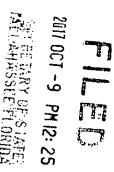
| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
| (5.3) | | |
| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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D. CRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

URIFICE. JUNIPER ON THE WATER, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT SWARIS

Name of Person

Juniper On The Water, LLC

Firm/Company

121 GOLDEN ISLES DRIVE :PH7

Address

Hallandale, Florida 33009

City/State and Zip Code

Scottswaris@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Swaris

___954\455-6996

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:

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

| . JUNIPER ON THE WATER, LLC | | |
|--|---|-------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears on our records.) Ciability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on 09/04/2013 and assig | ned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| | | |
| The new name must be distinguishable and end with the words "Limi 'L.L.C." | ited Liability Company," the designation "LLC" or the abl | breviation |
| Enter new principal offices address, if applicable: | 1975 South Ocean Drive | |
| (Principal office address MUST BE A STREET ADDRESS) | Hallandale, Beach | |
| | Florida 33009 | |
| Enter new mailing address, if applicable: | 70CT - 9 | n |
| (Mailing address MAY BE A POST OFFICE BOX) | PM 12: 2 | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on our records, enter the name of | the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | ZIII CIUE | |

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | ype of Action |
|--------------|----------------------|----------------------------|------------------|
| MGR | Shoichi iijima Marks | 3250 NE 1st Avenue, # 1020 | Add |
| | | Miami ,FI 33137 | Remove |
| | | | - |
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| | | | Remove |
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|). If amending any other informa | tion, enter change(s) here: (Attach additional sheets, if necessary.) |
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| October 3rd | 2013 |
| + les | tt Susaris |
| | nature of a member or authorized representative of a member |
| Scott Swaris | |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

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