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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	ocument Number)	-
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Juniper Cap			
SUBJECT:	•	Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Ning Ao		
			Name of Person	
		Juniper Capital LLC		
			Firm/Company	
		12612 N NEBRASKA AV	E SUITE C	
			Address	
		Tampa, F1.33612		
		ningao2013@gmail.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report not	ification)
For further is	iformation c	oncerning this matter, please ca	all:	
Ning Ao			813 502-9705 at ()	
-	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
≘ \$25.00 F	iling 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:

TO:

Registration Section

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 Capital LLC	1.	_	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000032505}{L17000032505}$.		Lassigned	i
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L1,C" or the abbreviation	n "L.IC."	
Enter new principal offices address, if applicable:	8604 N FLORIDA AVE STE B, TAMPA, FL.33	36()4 	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	8604 N FLORIDA AVE STE B, TAMPA, FL.3. ffice address on our records, enter the manner.		 <u>he ne</u>
registered agent and/or the new registered ornec address ner	∑,	18 / SIAIG	ري در
Name of New Registered Agent:		ALIG -	FCRETAI
New Registered Office Address:	Enter Florida street address	GORPO 3 PM	왕 당 당 당 당
	, Florida	<u> </u>	-
	City Zip	969 SMO!!	LL.
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my dances, and rain families, provided for in Chapter 605. F.S. Or, if this	documer	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	XIAORU HU	1011 COBB PKWY S.	
		Marietta, GA30060	Remove
			Change
MGR	YUTING WANG	1011 COBB PKWY S.	⊟ Add
		Marietta, GA 30060	□ Remove
			☐ Change
.			
			☐ Remove
			Change
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ffective date, if other than the an effective date is listed, the date in	ne date of filing:	and a contract of the contract	(optional)	405 A30
tote: If the date inserted in this	block does not meet the applica	able statutory filing require	ments, this date will not be l	listed a
ocument's effective date on the	Department of State's records.			
e record specifies a delay	ed effective date, but no	t an effective time, at	12:01 a.m. on the ea	rlier d
The 90th day after the re		·		
July 30th	2018			
	·	<u> </u>		
1 - 1-12 V	=41-00	orized representative of a mem		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00