

L190000 5d687

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SEP 10 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JUNIPERO GROUP 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:

WILLIAM J HARRISON

Name of Person

HARRISON CO.

Firm/Company

199 E FLAGLER ST, #1530

Address

MIAMI FL 33131

City/State and Zip Code

efiel@harrisonco.com

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

For further information concerning this matter, please call:

Emily Fiel

510- 332-9028
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

AFFIDAVIT OF BUSINESS NAME RELEASE

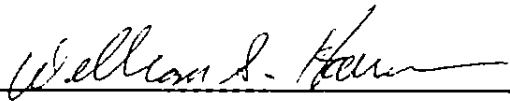
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STATE: FLORIDA

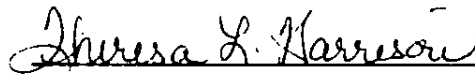
COUNTY: ESCAMBIA

WE, SHAWN (WILLIAM S.) HARRISON AND THERESA L. HARRISON, ARE THE MANAGERS/AUTHORIZED PERSONS/OWNERS OF THE HARRISON COMPANY L.L.C., 4041 MALTESE WAY, PENSACOLA, FL 32506, WHICH IS FILED WITH FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS, **DOCUMENT NUMBER L08000114867.**

AS OF AUGUST 26, 2020, WE HEREBY RELEASE THE NAME "THE HARRISON COMPANY L.L.C." TO WILLIAM J. HARRISON, JUNIPERO GROUP LLC, 199 EAST FLAGLER ST #1530, MIAMI FL, WHICH IS FILED WITH FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS, DOCUMENT NUMBER L19000056687.



WILLIAM S. HARRISON



THERESA L. HARRISON

FLORIDA NOTARY ACKNOWLEDGEMENT

FLORIDA SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT

F.S. 695.25

State of Florida

County of Escambia

The foregoing instrument was acknowledged
before me this 26th day
Date

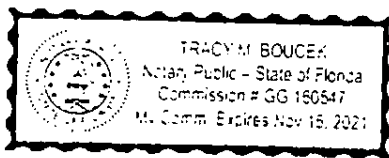
of August, 2020
Month Year

by Theresa L. Harrison
Name of Person Acknowledging

who is personally known to me or who
has produced _____

Type of Identification

as identification.



Place Notary Seal Stamp Above

Tracy M. Boucek
Signature of Notary Public

Tracy M. Boucek
Name of Notary Typed, Printed or Stamped

Notary Public — State of Florida

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document
or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Business Name Release

Document Date: August 26, 2020 Number of Pages: 1

Signer(s) Other Than Named Above: Acron Blewins

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

Junipero Group 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 Liability Company were filed on 02/27/2019 and assigned
Florida document number L19000056687.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HARRISON CO. LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12070 KALMAR CIR N

PARKLAND FL 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|--|---|
| MGR | EMILY FIEL | 199 E FLAGLER ST #1530, MIAMI FL 33131 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 3, 2020

Signature of _____

WILLIAM J HARRISON

Typed or printed name of signee