L090000 70630

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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T. CLINE

JUL 2 7 2010

EXAMINER

COVER LETTER

TO: Registration Division of C	i Section Corporations			
SUBJECT:	Gorilla Capital Of Name of Lim	Volusia County 3	,LLC	
	of Amendment and fee(s) are su spondence concerning this matte	-		
		Tanja Baker		
•	<u></u>	Gorilla Capital		
,		1390 High St		
		Address Eugene OR 97401		SECRETALIANA
	tal	City/State and Zip Code nja@gorillacapital.com to be used for future annual report		JUL 26
For further informatio	E-mail address: (on concerning this matter, please on		notification)	26 AN 9: 46 ARY OF STATE ASSEE, FLORIDA
Nam	Tanja Baker ne of Person	at (541) Area Code & D	344-7867 aytime Telephone Number	
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	te of Status &
	ILING ADDRESS:	STREET/CO	OURIER 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

Gorilla Capital of Vol	usia County 3	B, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.		
The Articles of Organization for this Limited Liability Company	were filed on	7/22/09	and assigne	ed
Florida document numberL0900070630		•		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company her	<u>e</u> :		
		•		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	ny," the designation	"ITC" or the abbro	eviation
Enter new principal offices address, if applicable:	1390 High St		五三	pacalita:
(Principal office address MUST BE A STREET ADDRESS)	Eugene OR 9	7401	SSE SSE SSE SSE SSE SSE SSE SSE SSE SSE	i Ti
			ma B	ge er er s
			1.5 7.5 6.	12
Enter new mailing address, if applicable:			20 to	
(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		ur records, ente	r the name of th	<u>1e new</u>
registered agent and/or the new registered office address her	<u>5</u> .			
Name of New Registered Agent:				
New Registered Office Address:	Ent	ter Florida street a	nddrass	
	Бт		ium egg	
	City	, Florida	Zip Code	
	,		2.7 0000	

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

<u>Name</u>	Address	Type of Action
		Remove
•		
•		——————————————————————————————————————
		Add Remove
		SSET DAN
		Remove
		9: 468
		——————————————————————————————————————
ding any other informatio	n, enter change(s) here: (Attach additional shee	ets, if necessary.)
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HWW		•
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	ard of a/member or authorized representative of a me	

Page 2 of 2

Filing Fee: \$25.00