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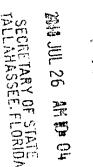
(Re	questor's Name)	
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COVER LETTER

TO:	Registration Division of C				
SUBJE	CT:	Gorilla Capital Of	· Volusia County (ろ,L	.LĊ	
	- 		ited Liability Company		
The enc	losed Articles	of Amendment and fee(s) are su	bmitted for filing.	ŧ	
Please re	eturn all corres	spondence concerning this matte	r to the following:		
			Tanja Baker		
			Name of Person		
			Gorilla Capital		TALS SE
			Firm/Company		L AH
			1390 High St		海绵 JUL 26 MM D 04 SECRETARY OF STATE FALLAHASSEE, FLORID
			Address		OF S
			Eugene OR 97401 ·		
•			City/State and Zip Code		
		ta F. mail address:	nja@gorillacapital.com (to be used for future annual report no	otification)	9
For furtl	ner information	n concerning this matter, please		i	
		Tanja Baker	at (541)	344-7867	
,	Nam	e of Person	Area Code & Day	time Telephone Number	
Enclose	d is a check fo	r the following amount:			
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certified	te of Status &
	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassec, FL	porations S Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	USIA COUNTY 1 ny as it now appear	3, LLC s on our records.)	·
(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	9/11/09	and assigned
Florida document numberL0900088035			
•			
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."	ited Liability Compa	ny," the designation	"LLCKor the abbreviation
Enter new principal offices address, if applicable:	1390 High St		75 5
(Principal office address MUST BE A STREET ADDRESS)	Eugene OR 9	7401	
		ŀ	
	<i>:</i>		
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		ur records, <u>ente</u>	the name of the new
	<u>.</u>	•	
Name of New Registered Agent:	· .		
New Registered Office Address:			
-	Eni	er Florida street a	ddress
	<u>.</u>	, 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 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 Changing Registered Agent, Signature of New Registered Agent

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:

[==]	Managing Member		
	Name	Address	Type of Action
			_
-			
			
		***************************************	Add Remove
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			- SS 26
			Thade IT
	-		Remove
			OF OF
_			Add
			Remove
	ding any other information anter the		: <i>G</i>
1161	ding any other information, enter cha	nuge(s) nere: (Attach daditional sheets,	y necessary.)
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	Signature of a/mem	iber or authorized representative of a memb	tent of Gorilla C

Page 2 of 2

Filing Fee: \$25.00