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T. CLINE

JUL 2 7 2010

EXAMINER

COVER LETTER

TO: Registration : Division of C				
SUBJECT:	Gorilla Capital Of	Volusia County 15, LLC		
		ited Liability Company		
	of Amendment and fee(s) are sub condence concerning this matter	-		
		Tanja Baker Name of Person		
		Gorilla Capital Firm/Company		
		Time Company		
		1390 High St Address		DS E
		11441000		
		Eugene OR 97401 City/State and Zip Code		L 26 HASE
	tar	•		SEE SEE
For further information	E-mail address: (concerning this matter, please of	nja@gorillacapital.com to be used for future annual report notifica call:	ation)	SECRETARY OF STATE SECRETARY OF STATE
	Tanja Baker	_{at (} 541 ₎ 3	44-7867	
	of Person	Area Code & Daytime	Telephone Number	<u> </u>
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)	Certified	e of Status &
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gorilla Capital of Vol	usia County 1	5, LLC	
(<u>Name of the Limited Liability Compa</u> (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	9/18/09	and assigned
Florida document number L0900090531			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim	itad Liability Compa	ny " the designation "	I I Corat the Sharaviation
"L.L.C."	ned Liaolitty Compai	ny, the designation	LAN JE
Enter new principal offices address, if applicable:	1390 High St		HT 2
(Principal office address MUST BE A STREET ADDRESS)	Eugene OR 9	7401	MX M
			ORIO ORIO
Enter new mailing address, if applicable:			15
(Mailing address MAY BE A POST OFFICE BOX)		^	
			•
B. If amending the registered agent and/or registered of	ffice address on o	ur records, enter	the name of the new
registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	ter Florida street ad	dress
		, 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:

	<u>Name</u>	Address	Type of Action
_			
_			Remove T
- u			TEREMOVE
amend	ling any other information, enter	change(s) here: (Attach additional shee	

-			
	,		•
		nember or authorized representative of a me	

Page 2 of 2

Filing Fee: \$25.00