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JUL 2 7 2010

EXAMINER

SECRETARY OF STATE

COVER LETTER

TO:	Registration Sect Division of Corpo		•				
SUBJE	CT:	Gorilla Capital Of	Volusia County (LLC, کا			
SOBJE.			ted Liability Company				
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspond	dence concerning this matter	to the following:				
			Tanja Baker				
			· Name of Person				
			Gorilla Capital				
			Firm/Company				
			1390 High St				
			Address			-	
			Eugene OR 97401				
			City/State and Zip Code				
		E-mail address: (t	ija@gorillacapital.com o be used for future annual re	M port notificatio	n)		
For furtl	ner information con	ncerning this matter, please c	all:			SE(و 116, اده.
	Tai	nja Baker	at (541) Area Code &	344	-7867	AL E	- F
	Name of F	Person	Arca Code &	& Daytime Tele	ephone Number	SEURETARY OF STALLAHASSEE.FI	
Enclose	d is a check for the	following amount:				FLO	š.,
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	enclosed)	\$60.00 Filing Certificate Certified C (additional	g Fee, 35 G	

MAILING ADDRESS:

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

Gorilla Capital of Volu (Name of the Limited Liability Compa (A Florida Limited L	usia County 16, LLC try as it now appears on our records.)	
(A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi L.L.C."	ited Liability Company," the designation "LLC" or the abbreviate	O1
Enter new principal offices address, if applicable:	1390 High St	_
(Principal office address MUST BE A STREET ADDRESS)	Eugene OR 97401	_
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 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 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:

MGR = Mai MGRM = M	nager Ianaging Member	•	
<u>Title</u>	Name	<u>Address</u>	Type of Action
-			Add Remove
			
			FT 5
	. —————		Add Remove
			Add Remove
<u> </u>			AH Adu SS TREBAVE
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if r	necessary.) Lus B
			- The state of the
Dated	,		
•	Be	er or authorized representative of a member en Bazer, Manager Presentative of a member den Bazer, Manager Presentative of a member en Bazer en Ba	nt of Govilla Capital, 1

Page 2 of 2

Filing Fee: \$25.00