L10000021754

Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certificates of Status					
to Filing Officer:					
to Filing Officer.					

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EXAMINER SECRETAL 2

RETARY OF STATE

COVER LETTER

TO: Registration S Division of Co				
SÚBJECT:	Gorilla Capital Of	Volusia County	B,LLC	
		ted Liability Company	0/20/20/20/20/20/20/20/20/20/20/20/20/20	
	f Amendment and fee(s) are sulpondence concerning this matter	_		
·		Tanja Baker		
	·	Name of Person		
		Gorilla Capital		
		Firm/Company	•	
		Address		
		Eugene OR 97401		
		City/State and Zip Code		
	taı E-mail address: (nja@gorillacapital.com to be used for future annual repo	ort notification)	
For further information	concerning this matter, please	eall:	,	
	Tanja Baker	at (541)	344-7867 TALL S	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	of Person		344-7867 SECRETARY OF Daytime Telephone Number HASSEE, I	
Enclosed is a check for	the following amount:		SEE.F	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	\$60.00 Filing Fee	စ္ က ဦ
MAU	LING ADDRESS:	STREET/C	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 Volt	usia County 33	, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	on our recorus.)		
The Articles of Organization for this Limited Liability Company Florida document numberL10000021754	were filed on	2/26/10	and assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility 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 ab	breviatio
Enter new principal offices address, if applicable:	1390 High St			
(Principal office address MUST BE A STREET ADDRESS)	Eugene OR 97	401		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			TALL.	
			≥3.2 ≥	#20 1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on ou <u>e</u> :	r records, enter	TARAME OF	
Name of New Registered Agent:			STATE LORIDA	<b>5</b>
New Registered Office Address:	Enta	r Florida street add	droce	
	Eme		AI ESS	
•	City	, Florida	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 = Manager

MGRM = Managing Member **Title Name Address** Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove □ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a/member or authorized representative of a member President of Govilla Capital, 1 Ben Bazer, Manager Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00