## 10000021765

(Requestor's Name)
,
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**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C		•		
SUBJECT:	Gorilla Capital Of	Volusia County 35, I	LC.	
		ited Liability Company		
	of Amendment and fee(s) are sul	-		
		Tanja Baker		
		Name of Person		
		Gorilla Capital		
	•	Firm/Company		
		1390 High St		
		Address		TAIS THE
		Eugene OR 97401		2249 JUL 26 SECRETARY TALLAHASS
		City/State and Zip Code		TAR 26
	E-mail address: (	nja@gorillacapital.com to be used for future annual report no	otification)	MO JA
For further information	concerning this matter, please of	call:		ANTE: 00
	Tanja Baker	at ( 541 )	344-7867	F. C
Name	of Person		time Telephone Number	<del></del>
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified (additions	e of Status &
MAI	LING ADDRESS:	STREET/COU	RIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gorilla Capital of Volu	usia County 35	5, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	2/26/10	and assigned
Florida document numberL10000021765			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here	2:	
The new name must be distinguishable and end with the words "Limi 'L.L.C."	ted Liability Compar	ny," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	1390 High St		
(Principal office address MUST BE A STREET ADDRESS)	Eugene OR 9	7401	TALL SEC
	<del></del>		CRETAR CAHASS
Enter new mailing address, if applicable:			SS 50
Mailing address MAY BE A POST OFFICE BOX)			me me
B. If amending the registered agent and/or registered of	fice address on o	ur records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street aa	ldress
		, Florida	
	City	<del></del>	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		
	<u>Name</u>	Address	Type of Action
			Add
			Remove
—			Add Remove
			□ D
			*
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amei	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if neo	•
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	, X		•
	1	er or authorized representative of a member en Bazer, Manager PLA1 JUM der printed name of signee	ut of Govilla Ca

Page 2 of 2.

Filing Fee: \$25.00