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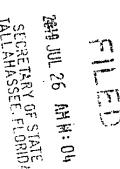
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T. CLINE

JUL 2 7 2010

EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	Gorilla Capital Of	Volusia County 38 ,LLC			
		ted Liability Company			
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	······································	Tanja Baker			
		Name of Person			
		Gorilla Capital			
		Firm/Company			
		1390 High St		-1 m···	
		Address		ALL SEC	ناد: ر
		Eugene OR 97401		2610 JUL 26 AM M: 04 SECRETARY OF STATE TALLAHASSEE, FLORID	
		City/State and Zip Code		26 AR SS	
	tar	nja@gorillacapital.com to be used for future annual report notifice		EO 🛬	
	E-mail address: (to be used for future annual report notifice	tion)	AM N: 0 OF STATI	į
For further information	concerning this matter, please of	all:	•		
	Tanja Baker		44-7867		
Name	of Person	Area Code & Daytime	elephone Number		
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 enclosed)	Certified (of Status &	
	LING ADDRESS: tration Section	STREET/COURIER ADDRESS: Registration Section			

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

TO:

Registration Section

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 Volu	usia County 38, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3/10/10	and assigned
Florida document numberL10000029151		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
	,	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designatio	
Enter new principal offices address, if applicable:	1390 High St	28 麗
(Principal office address MUST BE A STREET ADDRESS)	Eugene OR 97401	圣戒 星
		ASS ASS
Enter new mailing address, if applicable:	•	FS. TE
(Mailing address MAY BE A POST OFFICE BOX)		
	*	
B. If amending the registered agent and/or registered of	ffice address on our records ent	er the name of the new
registered agent and/or the new registered office address her		er the hame of the new
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 = Manager

MGRM = Managing Member **Title Name Address** Type of Action ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove 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