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T. CLINE

JUL 2 7.2010

EXAMINER

COVER LETTER

TO:

	ation Section of Corporations		
SUBJECT:	Gorilla Capital O	f Volusia County 39 ,LLC	-
		nited Liability Company	-
		· ·	•
The enclosed Art	icles of Amendment and fee(s) are st	ubmitted for filing.	
Please return all o	correspondence concerning this matte	er to the following:	
		Tanja Baker	
:		Name of Person	
		Gorilla Capital	
		Firm/Company	_
		1390 High St	TAL SE
· :	- · · · · · · · · · · · · · · · · · · ·	Address	CHE JUL
		Eugene OR 97401	TAR ASS
		City/State and Zip Code	EE, or
	E-mail address:	anja@gorillacapital.com (to be used for future annual report notification)	FID
For further inform	nation concerning this matter, please	·	MH H: 05 OF STATE EE, FILDRIGA
	Tanja Baker	at (541) 344-7867	
	Name of Person	Area Code & Daytime Telephone Numb	oer <u>.</u>
Enclosed is a che	ck for the following amount:		
✓ \$25.00 Filing	Fee \$\sum_\$30.00 Filing Fee & Certificate of Status	Certified Copy Certifie (additional copy is enclosed)	Filing Fee, cate of Status & cd Copy conal copy is enclosed)
•			
•	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 OF

Gorilla Capital of Vo (Name of the Limited Liability Comp (A Florida Limited	lusia County 39, LLC	ds.)
(A Florida Limited		
The Articles of Organization for this Limited Liability Compan	by were filed on $3/16/16$	and assigned
Florida document number L10000029152		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
		=
The new name must be distinguishable and end with the words "Lir	nited Liability Company," the designa	
"L.L.C."		强
Enter new principal offices address, if applicable:	1390 High St	55 P
(Principal office address MUST BE A STREET ADDRESS)	Eugene OR 97401	TO ME TO
		TO THE
		: 05
Enter new mailing address, if applicable:		A 0.10
(Mailing address MAY BE A POST OFFICE BOX)		
inaming want by half built built on the built	 	
		
B. If amending the registered agent and/or registered of	office address on our records, e	enter the name of the new
registered agent and/or the new registered office address he	ere:	
•		
Name of New Registered Agent:		
New Registered Office Address:	F	
	Enter Florida stre	eet address
	, Flor	ida

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 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