L10000029168

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EXAMINER

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ECRETARY OF STATE
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COVER LETTER

TO: Registration S Division of Co		•		
SUBJÈCT:		Volusia County 40,LL	_C	
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sui	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Tanja Baker		
Name of Person				
		Gorilla Capital		
		Firm/Company		
		1390 High St		
		Address		
Eugene OR 97401			SECRETA	
		City/State and Zip Code		AET I
	E-mail address: (nja@gorillacapital.com to be used for future annual report noti	fication)	SS 25
For further information	concerning this matter, please		,	AN N: 06
7	Cania Bakor	. E41	344-7867	TATE ORID
Tanja Baker Name of Person		at (541) Area Code & Daytin	ne Telephone Number	
		·	·	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified (of Status &
MAILING ADDRESS:		STREET/COUR	IER 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 Volu	usia County 40, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record iability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{1}{2}$	2/10 and assigned
Florida document numberL10000029168	•	
,		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	sility company here:	
<u> </u>		
The new name must be distinguishable and end with the words "Limi	ited Liability Company." the designat	tion "LLC" or the abbreviation
'L.L.C."	,,,,,	
Enter new principal offices address, if applicable:	1390 High St	
(Principal office address MUST BE A STREET ADDRESS)	Eugene OR 97401	No. 18
		CRI
		L 26 TAR
Enter new mailing address, if applicable:		SER 6
(Mailing address MAY BE A POST OFFICE BOX)		77
	ı	SZ -
		DE O
B. If amending the registered agent and/or registered of		iter 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:		
	Enter Florida stree	et address
	, Floric	ia
· · · · · · · · · · · · · · · · · · ·	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 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 到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