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EXAMINER

COVER LETTER

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	Registration Se Division of Cor			
SUBJECT	r.	Gorilla Capital Of	Volusia County 4/,LLC	
·	••		ited Liability Company	_
The enclose	sed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retu	urn all correspo	ndence concerning this matter	to the following:	
•			Tanja Baker	
	•		Name of Person	
			Gorilla Capital	
			Firm/Company	
			1390 High St	- TALL SEC
			Address	TALLAHASSEE FLORID
			Eugene OR 97401	26 AM
	١	to	City/State and Zip Code	ma B
		E-mail address: (nja@gorillacapital.com to be used for future annual report notification)	- 97
For further	r information co	oncerning this matter, please of	call:	ām I
		anja Baker	at (541) 344-7867	
	Name of	f Person	Area Code & Daytime Telephone Nu	nber
Enclosed i	is a check for th	e following amount:	,	
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee, ficate of Status & fied Copy itional copy is enclosed)
	Registra Divisio P.O. Bo	ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne	Gorilla Capital of Volu	usia County 41, LLC	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLG" on the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recording liability Company)	<u>s.</u>)
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLO" on the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	1.40000040470	were filed on <u>5/7/10</u>	and assigned
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B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter new mailing address, if applicable:		
Name of New Registered Agent: New Registered Office Address:	(Mailing address MAY BE A POST OFFICE BOX)	;	
New Registered Office Address:	registered agent and/or the new registered office address her		nter the name of the new
	Name of New Registered Agent:		
Enter Florida street address	New Registered Office Address:		
•		Enter Florida stree	et address
, Florida		, Floric	da
City Zip Code		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:

	nager Managing Member		
<u>le</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Signemove (
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f amen	ding any other information, enter	change(s) here: (Attach additional shee	ets, if necessary.)
	1964 - 116 th		
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		member or authorized representative of a me	ndent of Govilla Capa

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Filing Fee: \$25.00