## L10000052128

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SECRETARY OF STATE
ALASSEE, FLORIDA

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JUL 2 7 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:	Gorilla Capital Of	Volusia County 43,LLC		
Substitute in the substitute i		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corres	spondence concerning this matter	r to the following:		
		Tanja Baker		
		Name of Person		
		Gorilla Capital		
		Firm/Company		
		1390 High St		
		Address		
		Eugene OR 97401  City/State and Zip Code  nja@gorillacapital.com  to be used for future annual report notification)		
		City/State and Zip Code		
	tar	nja@gorillacapital.com to be used for future annual report notification)		
For further information	n concerning this matter, please of	Carlot white a carlot with the		
	Tanja Baker	at ( 541 ) 344-7867		
Nam	e of Person	Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, 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 Volu	usia County 43, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 5/14/10	and assigned
Florida document numberL10000052128		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limit".L.L.C."	ited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1390 High St	TAIS RE
(Principal office address MUST BE A STREET ADDRESS)	Eugene OR 97401	58 = 1
		25 2
		SEEF
Enter new mailing address, if applicable:	- the transmission of the	
(Mailing address MAY BE A POST OFFICE BOX)		OR O
		<u> </u>
B. If amending the registered agent and/or registered of		nter 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 stre	et address
	, Flori	
•	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:

GR = Ma GRM = 1	anager Managing Member		
<u>le</u>	<u>Name</u>	Address	Type of Action
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f amen	ding any other information, enter cl	nange(s) here: (Attach additional she	ets, if necessary.)
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ed	, _		
	1 1	mber or authorized representative of a monogeneous Manager  When Bazer Manager  When the printed name of signee	- ember sident of Gorilla Cap

Page 2 of 2

Filing Fee: \$25.00