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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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EXAMINER

THE JUL 26 PH E:

COVER LETTER

| TO: | Registration Division of 0 | n Section Corporations | | | |
|-----------|-------------------------------|---|--|--|--|
| SUBJE | CCT: | Gorilla Capital Of S | Seminole County / ,LLC | | |
| · | | | ited Liability Company | | |
| The end | closed Articles | of Amendment and fee(s) are sul | omitted for filing. | | |
| Please 1 | return all corre | spondence concerning this matter | to the following: | | |
| | | | Tanja Baker | | |
| | | | Name of Person | | |
| | | | Gorilla Capital | | |
| | | | Firm/Company | | |
| | • | | 1390 High St | | |
| | | | Address | | |
| • | | | Eugene OR 97401 | | |
| , | | City/State and Zip Code | | | |
| | | tar | nja@gorillacapital.com to be used for future annual report notification) | | |
| For fur | her informatio | on concerning this matter, please of | rall: | | |
| | | Tanja Baker | at (541) 344-7867 | | |
| | Nan | ne of Person | at (541) Area Code & Daytime Telephone Number | | |
| Enclose | ed is a check fo | or the following amount: | | | |
| \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | |
| | | | | | |
| ų is | Reg Div P.O | ALLING ADDRESS: distration Section ision of Corporations . Box 6327 ahassec, 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 Sen | ninole County 4, LLC | |
|--|---|-------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our record: Liability Company) | <u>s.</u>) |
| | 1 5/2// | |
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| Florida document numberL10000055135 | | |
| | | |
| 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 "Lim"L.L.C." | ited Liability Company," the designat | ion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 1390 High St | |
| (Principal office address MUST BE A STREET ADDRESS) | Eugene OR 97401 | |
| | | TALL SE |
| | | 55 E 17 |
| Enter new mailing address, if applicable: | | AND IN |
| (Mailing address MAY BE A POST OFFICE BOX) | | 38.7 o 17 |
| (maining dualess MAT BE A TOST OFFICE BOX) | | |
| | • | 95 |
| B. If amending the registered agent and/or registered of | ffice address on our records, e | iter the name of the new |
| registered agent and/or the new registered office address her | | |
| | | |
| Name of New Registered Agent: | • | |
| | | |
| New Registered Office Address: | Enter Florida stre | et address |
| | 2000, 2 101 100 31/01 | |
| | , Floric | la |
| | Cuy | Zip Coae |

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 ∏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, Ben Bazer, Manager Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00