## C10000058787

(Re	equestor's Name)	
(Ad	ldress)	
( <b>A</b> d	ldress)	
(Ci	ty/State/Zip/Phone	<i>⇒ #</i> )
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**EXAMINER** 

SECRETARY OF STATE

## **COVER LETTER**

Division of Co	orporations		
SUBJECT:	Gorilla Capital Of	Seminole County 7,LLC	
		ited Liability Company	
The enclosed Articles of	of 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	
		City/State and Zip Code	70 0
	tar	nja@gorillacapital.com	
		to be used for future annual report notification	·
For further information	concerning this matter, please of	call:	26 ASSE
	Tanja Baker	at ( 541 ) 344	-7867 FS F
Name	of Person	Area Code & Daytime Tele	
Enclosed is a check for	the following amount:	,	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fce & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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 Sem	ninole County 7, 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 Florida document numberL10000058787	were filed on <u>(4/2/</u>	) O and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designa	tion "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	NAY SSS
•		95 13
Enter new mailing address, if applicable:		85분 3
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
.Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida stre	ot address
	, Flori	da

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

	<u>Name</u>	Address	Type of Action
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		ember or authorized representative of a mer	-

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Filing Fee: \$25.00