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JUL 27 2010

EXAMINER

COVER LETTER

Division of Co	orporations			
SUBJECT:	Gorilla Capital Of S	Seminole County ${\mathfrak T}$,L	LC	
	Name of Limi	ted Liability Company		·
•				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
,		Tanja Baker		
		Name of Person		
		Gorilla Capital		
		Firm/Company		
•		1390 High St		
		Address		No B
	•	Eugene OR 97401		SECRET
		City/State and Zip Code		JL 26 JL 26 ETAR
	F-mail address: (nja@gorillacapital.com to be used for future annual report notif	(cation)	26 P ARYU ASSEE,
For further information	concerning this matter, please c	-	ication)	L 26 PM E: 34 TARY OF STATE HASSEE, FLORIDA
	Tanja Baker	at (541)	344-7867	
Name	of Person	Area Code & Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fce & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	e of Status &
NA A TI	LING ADDRESS:	STREET/COURI	ED ADDDECC.	
	tration Section	Registration Section		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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 Sem	ninole County 9, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{7/7}{10}$	and assigned
Florida document numberL10000071839		
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 "Limi"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1390 High St	70 B
(Principal office address MUST BE A STREET ADDRESS)	Eugene OR 97401	
•		25 S
		SET OF THE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		STATE 3
		Om I
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street	t address
	, Florid	
	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

It 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:

<u>le</u>	<u>Name</u>	Address	Type of Action
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			AN GO TO TO
			SSZI REPOVE
			Add Remève
ameno	ling any other information, enter chang	e(s) here: (Attach additional sheets, if	necessary.)
			
No.	-		
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