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(Requ	uestor's Name)	
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PALLAHASSEE FLORIS

MAR 13 2019 D. BRUCE

COVER LETTER

Division of Corporations		•
	ITAL OF FLORIDA C	<u>L</u> uc
The enclosed Articles of Amendment and fee(s) Please return all correspondence concerning this	-	
1110711	Name of Person	
GORILL	A CAPITAL Firm/Comyany	
1390 H	16H ST Address	
EUGEN	E OL 97401	
tanja (City/State and Zip Code City/State and Zip Code Gress: (to be used for future annual report notification)	
For further information concerning this matter, p		10 50 50 50 50 50 50 50 50 50 50 50 50 50
Tanja Baker	at (541) 344 76W Area Code & Daytime Telephon	7 888 7
Enclosed is a check for the following amount:	1334 Codo et Sujumo Telephon	e Number This PH 12: 155
\$25.00 Filing Fee Certificate of St.		60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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 Florida		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on o orida Limited Liability Company)	ur reçords.)
		,
The Articles of Organization for this Limited Liab	ility Company were filed on	and assigned
Florida document number L110000 255	<u> </u>	
This amendment is submitted to amend the follow	ing	
This amendment is submitted to amend the follow	mg.	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	•	
(Principal office address MUST BE A STREET A	ADDRESS)	
		F0 5
		CO STEELER
Enter new mailing address, if applicable:		Sent De 1
(Mailing address MAY BE A POST OFFICE BO	<u></u>	(2) D
		TIC TO FITS
		SC N P
B. If amending the registered agent and/or	<u> </u>	cords, enter the name of the new
registered agent and/or the new registered offic	e address nere:	23
N CN D 1		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida street address
		, Florida
	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 Manager Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Gorilla Capital, Inc	1390 High St Eugene OR 97401	Add
			Remove
MGRM	Gorilla Capital Fund, LLC	1390 High St Eugene OR 97401	Add
			Remove
	•		-
			_
			Add
		Ā	Z2
]-].>	Add Ty
		(6) (7) (7) (7) (7) (8)	Remove PH 12:
	·		Add
		<u> </u>	Remove
		·	

If an	newing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	3/1/13
	Signature of a member or authorized representative of a member
	Tanja Baker manager Typed or printed name of signee
	Typed or printed traine or signee

Page 3 of 3

Filing Fee: \$25.00

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