

L14000143454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

OCT 29 2014  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gorilla Graphix, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aliki Cambria  
Name of Person

Gorilla Graphix, LLC  
Firm/Company

2403 Trade Center Way, Ste 4  
Address

Naples, FL 34109  
City/State and Zip Code

info@gorillagraphixusa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aliki Cambria at ( 239 ) 260-5053  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
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

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TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

TO  
ARTICLES OF ORGANIZATION  
OF

Gorilla Graphics, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/15/2015 and assigned  
Florida document number L14000143454.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

~~2403~~ 2403 Trade Center Way Ste 4  
Naples, FL 34109

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2403 Trade Center Way, Ste 4  
Naples, FL 34109

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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TALLAHASSEE, FLORIDA

**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 605, 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

Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cambria, Steven J.	200 Edgemere Way S	<input type="checkbox"/> Add
		Naples, FL 34105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated ~~10/23/14~~ 10/23/14 .

*Alki Cambria*

Signature of a member or authorized representative of a member

Alki Cambria

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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