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SECRETARY OF STATES
ALLAMASSEEL FLORIDA

D. SCOTT JAN 1 9 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gorilla Sheds and Containers 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:
Mathew Lenat
Gonlla Sheds and Containers
10288 SW County Rd 761
Avcadia Fl 342169 City/Bitate and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 626-0548 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Sa0.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gorilla Strds a	and Containers
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number 1100019099.	any were filed on Oct 17, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:
Name of New Registered Agent:	
New Registered Office Address:	75 T
	Enter Florida street address Florida
	City Zip Code - M
New Registered Agent's Signature, if changing Registered Age	nti
provisions of all statutes relative to the proper and comple	as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = AMBR ≐		r zed Member			
<u>Title</u>	<u>Na</u>	<u>nme</u>		Address	Type of Action
AMBR	mgr_	Mathew	LenaA	10288 SW County Rd 761	Add
					
					□ Change
	-				□ Add
					Remove
					□ Change
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lf ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ve date, if other than the date of filing:	97 (3) s the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	f:
Dated _	January 6 2017.	15N 17
	Signature of a member or authorized representative of a member	
		· ·
	Typed or printed name of signee	•

Page 3 of 3

Filing Fee: \$25.00