



Articles of Amendment/Dissolution - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200

Check the appropriate box below:

ARTICLES OF AMENDMENT
(Complete only 1, 2, 3, 6)

ARTICLES OF DISSOLUTION
(Complete only 4, 5, 6)

REGISTRY NUMBER: _____

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

ARTICLES OF AMENDMENT ONLY

1) ENTITY NAME: _____

2) THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY: (State the article number(s) and set forth the article(s) as it is amended to read.)

3) PLEASE CHECK THE APPROPRIATE STATEMENT:

This amendment was adopted by the manager(s) without member action. Member action was not required.

Date of adoption of each amendment: _____

This amendment(s) was approved by the members. _____ percent of the members approved the amendment(s).

Date of adoption of each amendment: _____

ARTICLES OF DISSOLUTION ONLY

4) NAME OF LIMITED LIABILITY COMPANY: _____

5) DATE OF DISSOLUTION: _____

6) EXECUTION: (Must be signed by at least one member or manager.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

Title:

CONTACT NAME: (To resolve questions with this filing.)

PHONE NUMBER: (Include area code.)

FEES	
Required Processing Fee	\$100
Confirmation Copy (Optional)	\$5
No Fee for Member/Manager Change Only.	
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."	