# Restated Articles of Organization - 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

Print Form

Reset Form

**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.

1. **NAME OF ENTITY:** _____

2. **NEW NAME OF THE LIMITED LIABILITY COMPANY**: (If changed)

_____

3. **A COPY OF THE RESTATED ARTICLES IS ATTACHED.** ◯ (Required)

4. **CHECK THE APPROPRIATE STATEMENT:**

◯ The restated articles contain amendments which do not require member approval.
These amendments were duly adopted by the manager(s).

◯ The restated articles contain amendments which require member approval. The date of adoption of the amendments and restated articles was _____ .

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

5. **EXECUTION**: By my signature, I declare as an authorized signer, 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

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at FilingInOregon.com using the Business Name Search program.