



Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

REGISTRY NUMBER:			
n accordance with Oregon Revised Statute 192.410-192.490 We must release this information to all parties upon request a			For office use only
Please Type or Print Legibly in Black Ink. Attach Add			1 of office use offig
1. NAME OF ENTITY:			
2. NEW NAME OF THE LIMITED LIABILITY CO	DMPANY: (If changed)		
3. A COPY OF THE RESTATED ARTICLES IS AT	TACHED. (Required)		
4. CHECK THE APPROPRIATE STATEMENT:			
 The restated articles contain amendments These amendments were duly adopted 		ember approval.	
○ The restated articles contain amendme	nts which require member	approval. The date of adoption of the ame	endments and
restated articles was			
The amendment(s) was (were) approved by the members.		percent of the members approved the amendment(s).	
5. PRINCIPAL PLACE OF BUSINESS (Physical Str	reet Address)	6. INDIVIDUAL WITH DIRECT KNOWLEDG	E (Name and Address)
7. EXECUTION : I declare as an authorized signer, under penalty o or otherwise misrepresent the identity of the per been examined by me and is, to the best of my kr the law and may be penalized by fines, imprisonn	son or any members, manage nowledge and belief, true, corn	rs, employees or agents of the limited liability of	ompany. This filing has
Signature:	Printed Name:	Title:	
CONTACT NAME: (To resolve questions with this filing)		FEES	
		Required Processing Fee \$100	
PHONE NUMBER: (Include area code)		Processing Fees are nonrefundable. Please make check payab	ole to "Corporation Division".
		Free copies are available at sos.oregon.gov/business using the	Business Name Search