



登记号: _____
REGISTRY NUMBER:

实体类型: 国内 国外
ENTITY TYPE: DOMESTIC FOREIGN

根据俄勒冈州修订法规第 192.410-192.490 款, 本申请表所载信息属于公共记录。我们必须根据要求向各方发布此信息, 并将其公布在我们的网站上。

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.

仅供办公使用
For office use only

请用黑色墨水清楚地打印或书写。如有需要, 另加纸张。
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1. 有限责任公司名称:
NAME OF LIMITED LIABILITY PARTNERSHIP:

2. 主要营业地点: (街道地址)
PRINCIPAL PLACE OF BUSINESS: (Street Address)

3. 可供部门邮寄通知的地址
ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

合伙人姓名和地址
NAME(S) AND ADDRESS(ES) OF PARTNER(S)

4. 合伙人: (姓名和新地址)
PARTNER(S): (Name(s) and New Address(es))

姓名和新地址
(Name and New Address)

5. 执行: 本人以授权签署人身份声明, 根据作伪受罚的规定, 本文件不会以欺诈方式隐瞒、模糊、修改或以其他方式歪曲任何个人 (包括管理人员、董事、员工、成员、经理或代理人) 的身份。本人已检查此档案, 据本人所知所信, 档案真实、正确且完整。在本文件中作虚假陈述是违法的, 可能受到罚款、监禁或两者兼施的处罚。

EXECUTION: I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. 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.

签名:
SIGNATURE:

印刷体姓名
PRINTED NAME:

职衔
TITLE:

日期
DATE:

联系人姓名：（需解决本档案的相关问题）
CONTACT NAME: (To resolve questions with this filing)

电话号码：（包括区号）
PHONE NUMBER: (Include area code)

Limited Liability Partnership - Information Change (1/20)

费用
FEES

无手续费
No Processing Fee

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