



修正条款 (仅完整填写 1、2、3、4、5、8)
ARTICLES OF AMENDMENT (Complete only 1, 2, 3, 4, 5, 8)

解散条款 (完整填写 6、7、8)
ARTICLES OF DISSOLUTION (Complete 6, 7, 8)

登记号: _____
REGISTRY NUMBER:

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.

仅修正条款 ARTICLES OF AMENDMENT ONLY

1. 实体名称: _____
ENTITY NAME:

2. 特此对组织条款作出如下修正: (说明条款编号, 并陈述修正后的条款内容。)
THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY: (State the article number(s) and set forth article(s) as it is amended to read.)

3. 请勾选适当的陈述:
PLEASE CHECK THE APPROPRIATE STATE

此修正获经理通过, 无需成员采取行动。无需成员采取行动。

每项修正的通过日期: _____
This amendment was adopted by the manager(s) without member action. Member action was not required.
Date of adoption of each amendment:

此修正获成员通过。 _____ 批准修正的成员百分比。

每项修正的通过日期: _____
This amendment(s) was approved by the members. _____ percent of the members approved the amendment(s).
Date of adoption of each amendment:

4. 主要营业地点 (实际街道地址)
PRINCIPAL PLACE OF BUSINESS (Physical Street Address)

5. 直接知情人员 (姓名和地址)

列出至少一名人员的姓名和地址, 此人是有有限责任公司的成员或经理, 或直接知悉有限责任公司的运营和业务活动的授权代表。

INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address)
List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.

仅解散条款 ARTICLES OF DISSOLUTION ONLY

6. 有限责任公司名称: _____
NAME OF LIMITED LIABILITY COMPANY:

7. 解散发生日期: _____
不许使用未来日期。
DATE DISSOLUTION OCCURRED:
Future date not allowed.

8. **执行:** 本人声明, 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个人或有限责任公司任何成员、经理、员工或代理人的身份。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, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. 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

签名:
Signature:

印刷体姓名:
Printed Name:

职衔:
Title:

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)

费用

FEES

必缴手续费 100 美元
Required Processing Fee \$100

手续费恕不退还。
Processing Fees are nonrefundable.

支票抬头请写“公司部”。
Please make check payable to "Corporation Division."

使用企业名称搜索程序可在 <http://sos.oregon.gov/business> 网站上获取免费副本。
Free copies are available at <http://sos.oregon.gov/business> using the Business Name Search program.

Articles of Amendment/Dissolution - Limited Liability Company (1/20)