



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.

1. 实体名称: _____
NAME OF ENTITY:

2. 有限责任公司新名称: (若已变更)
NEW NAME OF THE LIMITED LIABILITY COMPANY: (if changed)

3. 随附重申条款副本。 (必需)
A COPY OF THE RESTATED ARTICLES IS ATTACHED. (Required)

4. 勾选适当的陈述:
CHECK THE APPROPRIATE STATEMENT:

重申条款包含无需成员批准的修正。

这些修正获经理正式通过。

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

重申条款包含需要成员批准的修正。修正和重申条款的通过日期为 _____。

修正获成员批准。_____ 批准修正的成员百分比。

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

6. 直接知情人员 (姓名和地址)
INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address)

7. 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 as an authorized signer, 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 the law and may be penalized by fines, imprisonment or both.

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)

Restated Articles of Organization - Limited Liability Company (1/20)

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."

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