Articles of Amendment/Dissolution - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, C

FILED: JUL 17, 2025
OREGON SECRETARY OF STATE

224384792-27982408

2BY2 LLC AMDART

◉ ARTICLES OF AMENDMENT (Complete only 1, 2, 3, 4, 5, 8)

○ ARTICLES OF DISSOLUTION (Complete 6,7, 8)

REGISTRY NUMBER: 2243847-92

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public re
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.

ARTICLES OF AMENDMENT ONLY

1. **ENTITY NAME:** 2BY2 LLC

2. **THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY:** (State the article number(s) and set forth the article(s) as it is amended to read.)

Article 8: This limited liability company will be manager-managed by one or more managers.

3. **PLEASE CHECK THE APPROPRIATE STATEMENT:**

○ This amendment was adopted by the manager(s) without member action. Member action was not required.

Date of adoption of each amendment: _____

◉ This amendment(s) was approved by the members. 100 percent of the members approved the amendment(s).

Date of adoption of each amendment: July 14, 2025

4. **PRINCIPAL PLACE OF BUSINESS** (Physical Street Address)

5. **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.

Travis Spaid
747 SW Mill View Way
BEND OR 97702 USA

ARTICLES OF DISSOLUTION ONLY

6. **NAME OF LIMITED LIABILITY COMPANY:** _____

7. **DATE DISSOLUTION OCCURRED:** _____
Future date not allowed.

8. **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 the law and may be penalized by fines, imprisonment or both.

Signature:	Printed Name:	Title:
[signature]	Travis Spaid	Manager
[signature]	ANGELA SPAID	MANAGER

CONTACT NAME: (To resolve questions with this filing)

Jeff Patterson

PHONE NUMBER: (Include area code)

(541) 383-5857

FEES

Required Processing Fee $100

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

Free copies are available at sos.oregon.gov/business using the Business Name Search program.

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