Articles of Amendment/Dissolution - Limited Liability Company

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

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

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

FILED: JAN 28, 2026
OREGON SECRETARY OF STATE

241518091-28749104

REGISTRY NUMBER: 2415180-91

YOU ENHANCED LLC **AMDART**

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is We must release this information to all parties upon request and it will be posted on our website.

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

ARTICLES OF AMENDMENT ONLY

1. **ENTITY NAME:** THE TRAUMA DROP 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 1: new business name is:

YOU ENHANCED LLC

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: Jan 20 2026

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

Date of adoption of each amendment: _____

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

555 SE MARTIN LUTHER KING JR BLVD
SUITE 3028
PORTLAND OR 97214

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.

KEVIN KOSIK
3374 SE HOLGATE BLVD
PORTLAND OR 97202

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:
Kevin Kosik	KEVIN KOSIK	MANAGING MEMBER

CONTACT NAME: (To resolve questions with this filing)

KEVIN KOSIK

PHONE NUMBER: (Include area code)

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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