Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Sal... OR 97310-1327 ... Phone: (503) 986-2200

Complete only the sections that you are u
To review current information, please go to:

FILED: JUL 27, 2026
OREGON SECRETARY OF STATE
85895796-32175339
LED TRAIL **AMDREG**
For office use only

REGISTRY NUMBER: 858957-96

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

1. **CURRENT BUSINESS NAME:** LED TRAIL
2. **NEW BUSINESS NAME:** (If changed, $50 fee required)
3. **DESCRIPTION OF BUSINESS:**
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ○ or **NEW** ◉
   FLPA002 LLC
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**
   1046 PAPAGO DR, FOX ISLAND, WA 98333
7. **REGISTRANTS/OWNERS:** (List name and publicly available street address of new registrants)(Attach separate sheet if needed)
   a. NEW REGISTRANTS/OWNERS: Street Address City State Zip
   b. WITHDRAWING REGISTRANTS/OWNERS:
8. **CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY:** (This section is only for registrant address changes)(Attach separate sheet if needed)
   Registrant Name Street Address City State Zip
9. COUNTIES:

☐ ALL COUNTIES (Statewide)	☐ Baker	☐ Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
	☐ Benton	☐ Curry	☐ Hood River	☐ Lane	☐ Multnomah	☐ Wallowa
	☐ Clackamas	☐ Deschutes	☐ Jackson	☐ Lincoln	☐ Polk	☐ Wasco
	☐ Clatsop	☐ Douglas	☐ Jefferson	☐ Linn	☐ Sherman	☐ Washington
	☐ Columbia	☐ Gilliam	☐ Josephine	☐ Malheur	☐ Tillamook	☐ Wheeler
	☐ Coos	☐ Grant	☐ Klamath	☐ Marion	☐ Umatilla	☐ Yamhill

10. **SIGNATURE(S):** New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. 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.

Signature: Katrina Blakeman

Printed Name: Katrina Blakeman, Authorized Representative

CONTACT NAME: (To resolve questions with this filing)
Katrina Blakeman

PHONE NUMBER: (Include area code)
503-802-5533

FEES
If Changing Business Name $50
No Fee For Other Changes
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.

Received Time Jul. 21. 2026 10:06AM No. 5147