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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

(X) ARTICLES OF AMENDMENT (Complete only 1, 2, 3, 4, 5, 9

( ) ARTICLES OF DISSOLUTION (Complete 6,7, 8, 9)

FILED: AUG 19, 2026
OREGON SECRETARY OF STATE

69123991-32259995

BRAZI BITES, LLC **AMDART**

REGISTRY NUMBER: 691239-91

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.

ARTICLES OF AMENDMENT ONLY

1. **ENTITY NAME:** Brazi Bites, 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 3 - The Company's registered agent is CT Corporation System and the address of the Company's registered agent is 780 Commercial Street SE, Suite 100, Salem, OR 97301.

Article 5 - The Company will be managed by its member.

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: 8/14/26

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

4784 SE 17th Ave, Suite 135
Portland, OR 97202

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.

Michael Guanella; 4784 SE 17th Ave, Suite 135, Portland, OR 97202

ARTICLES OF DISSOLUTION ONLY

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

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

8. **MAILING ADDRESS:** _____

9. **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:
Signed by: Zane Hendricks 8B279CB5TE3A4B5...	Zane Hendricks	President

CONTACT NAME: (To resolve questions with this filing)

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.