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: SEP 11, 2026
OREGON SECRETARY OF STATE

200503498-32367090

OUTPOST DUNDEE, LLC **AMDART**

REGISTRY NUMBER: 200503498

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public rec
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:** Outpost Dundee, 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.)

See Attachment

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: September 9, 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)

760 SW Ninth Avenue, Suite 2300
Portland, OR 97209

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.

John von Schlegell
760 SW Ninth Avenue, Suite 2300
Portland, OR 97209

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:
DocuSigned by: 46E5AFECEA634D8...	John von Schlegell	Managing Member of the Manager

CONTACT NAME: (To resolve questions with this filing)

Carl Vosicka

PHONE NUMBER: (Include area code)

503-727-2200

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.

200503498

Attachment to the Oregon Articles or Amendment

2. THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY:

ARTICLE 3
Registered Office and Registered Agent

The address of the Company's registered Office and the name of the Company's Registered Agent at that office is:

BH Service Co, Inc.
805 Broadway, Ste. 2600
Portland, OR 97205

ARTICLE 4
Principal Office

The physical street address of the Company's principal office is:

760 SW Ninth Avenue, Suite 2300
Portland, OR 97209

ARTICLE 5
Mailing Address for Notices

The mailing address to which notices may be mailed is:

760 SW Ninth Avenue, Suite 2300
Portland, OR 97209

ARTICLE 6
Individual with Direct Knowledge

The name and address of the individual with direct knowledge of the operations and business activities of the Company is:

John von Schlegell
760 SW Ninth Avenue, Suite 2300
Portland, OR 97209

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