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)

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

FILED: JUN 19, 2020
OREGON SECRETARY OF STATE

167749192-21201142

REGISTRY NUMBER: 1677491-92

GOLF VIEW, LLC

AMDART

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application 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:** GOLF VIEW PROFESSIONAL OFFICE PARK, 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 - Entity Name - is amended to read: Golf View, 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:

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

Date of adoption of each amendment: 6-8-2020

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

815 ALDER CREEK DRIVE

MEDFORD OR 97504

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 T. Mahar, Member

815 Alder Creek Drive

Medford, OR 97504

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:
	Michael T. Mahar	Member

CONTACT NAME: (To resolve questions with this filing)

Sydnee B. Dreyer

PHONE NUMBER: (Include area code)

541-772-1977

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.