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
AUGUST 17 2020
OREGON SECRETARY OF STATE

REGISTRY NUMBER: 548107-92

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

For office use only

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

ARTICLES OF AMENDMENT ONLY

1. **ENTITY NAME:** Current "Deere Run Farms L.L.C." New "ShadowBuck Farm L.L.C."

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 One is ammended as follows The Name of the limited liability company is changed from Deere Run Farms L.L.C. to ShadowBuck Farm L.L.C.

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: August 1 2020

( ) 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)

5985 Mason RD
The Dalles, OR 97058

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.

Tom Peters - tpeters@shadoebuckfarm.com
Po Box 65507 Vancouver, WA 98665 or
Po Box 457 Dufur OR 97021

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:
Tom Peters	Tom Peters	Managing Member

CONTACT NAME: (To resolve questions with this filing)

Tom Prters

PHONE NUMBER: (Include area code)

360-609-1166 or 458-292-4200

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.