FILED
AUGUST 20 2021
OREGON SECRETARY OF STATE

# Corporation/Limited Liability Company - Information Change

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.

**Documents are processed within 5-7 business days. If the filing is rejected, you will receive an email.**

**Registry Number**
843863-91

**Entity type**
Domestic

**Business Type**
Limited Liability Company

**Name of Limited Liability Company**
AMDBS, LLC

## Information Update

**Business Activity**
No

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**Principal Place of Business Address**
Yes

**Principal Place of Business (street address)**
8156 S. Wadsworth Blvd., Suite E359, Littleton, Colorado 80128

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**Registered Agent or their address**
No

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**Mailing Address where we send notices**
Yes

**Address where we can send mail notices:**
8156 S. Wadsworth Blvd., Suite E359, Littleton, Colorado 80128

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**Members or Managers**
Yes

## Name(s) and address(es) of LLC Members/Managers

**Is this a Member or Manager?**
Manager

**Name of Member/Manager**
Elizabeth R. Holliday

**Address**
8156 S. Wadsworth Blvd., Suite E359, Littleton, Colorado 80128

**Is this a Member or Manager?**
Manager

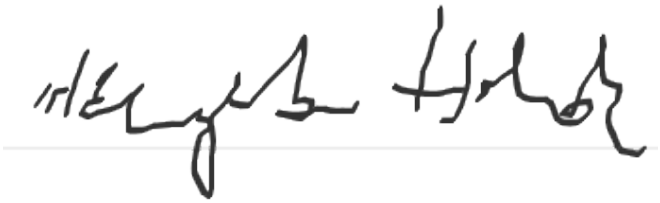
**Name of Member/Manager**
Elizabeth R. Holliday

**Address**

**Do you have additional member/manager names and addresses to add? Please list whether the addition is a member/manager in the title field.**
No

EXECUTION: 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**



**Name**
Manager Elizabeth Holliday

**Contact name (to resolve questions with this filing)**
Gretchen Nine-Bunnell

**Phone of person to contact to resolve questions with this filing.**

(440) 724-1917