fax 503 378 4381
11/2/21

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

FILED: NOV 10, 2021
OREGON SECRETARY OF STATE

144456191-22765449

REGISTRY NUMBER: 144456191

GAP PROPERTIES LLC

AMDART

In accordance with Oregon Revised Statute 192.410-192.490, the information on this applica
We must release this information to all parties upon request and it will be posted on our web
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

ARTICLES OF AMENDMENT ONLY

1. ENTITY NAME: GAP Properties, 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 # 10

Remove benefit company designation in accordance with ORS 60.754 (4).

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: 11/2/2021

○ 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)

265 SE Soft Tail Drive
Bend, OR 97702

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.

Antonia Peters
265 SE Soft Tail Drive
Bend, OR 97702

ARTICLES OF DISSOLUTION ONLY

6. NAME OF LIMITED LIABILITY COMPANY: N/A

7. DATE DISSOLUTION OCCURRED: N/A
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:
✓ [signature]	✓ ANTONIA M. PETERS	✓ Manager / Member
[signature]	GERALD E. PETERS	Manager / Member

CONTACT NAME (To resolve questions with this filing)
Steve Callan

PHONE NUMBER: (include area code)
541-388-3838

FEES
Required Processing Fee ~~$100~~ Case #755157 Fees waived
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.