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 27, 2022
OREGON SECRETARY OF STATE

158582396-23903493

REGISTRY NUMBER: 158582396

SUB LIFE LLC **AMDART**

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

change to section 9. Management as follows:

"This Limited Liability Company will be manager-managed by one or more managers"

The managers of the Limited Liability Company will be the same as the 3 Members of the company.

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: 8/1/2022

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

916 W 800 N

American Fork, UT 84003

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.

Carr Krueger

916 W 800 N

American Fork, UT 84003

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:
T.C. Krueger	Carr Krueger	Member

CONTACT NAME: (To resolve questions with this filing)

Carr Krueger

PHONE NUMBER: (Include area code)

206-914-9981

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.