Received Time May. 31. 2023 11:29AM No. 5611

Articles of Amendment/Dissolution - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327

(•) ARTICLES OF AMENDMENT (Complete only 1, 2, 3, 4, 5, 8)

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

FILED: JUN 7, 2023
OREGON SECRETARY OF STATE

187056198-24888372

REGISTRY NUMBER: 187056198

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

BM2 PROPERTIES LLC

AMDART

For office use only

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

ARTICLES OF AMENDMENT ONLY

1. **ENTITY NAME:** BM2 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.)

Daymond E Monteith will be removed as a member of the LLC

Cheri M Monteith will hold 100% membership

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: 05/08/2023

( ) 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)

9462 Greenbriar Dr
Klamath Falls, OR 97603

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.

Cheri M Monteith
9462 Greenbriar Dr
Klamath Falls OR 97603

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:
Cheri M Monteith	Cheri M Monteith	member/manager

CONTACT NAME: (To resolve questions with this filing)

Cheri M Monteith

PHONE NUMBER: (Include area code)

541-591-3923

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.

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