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: AUG 9, 2023
OREGON SECRETARY OF STATE

68872283-25148173

KDIRT, LLC **AMDART**

REGISTRY NUMBER: 688722-83

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

The following shall be added as Article 6. The LLC will be manager-managed by one or more

The following shall be added as Article 7: The company elects to indemnify its members, mar for liability and related expenes under ORS 63-160 - 63-170.

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: August 1, 2023

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

3400 Main St.
Springfield, OR 97478

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.

Karrie L. Knecht
3400 Main St.
Springfield, OR 97478

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:
	Jane M. Yates	Authorized Agent

CONTACT NAME: (To resolve questions with this filing)

Winona McDaniel

PHONE NUMBER: (Include area code)

541-984-0214

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.