Assumed Business Name - Amendment

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business - Phone: (503) 986-2200

Complete only the sections that you are up
To review current information, please go to: so

FILED: FEB 12, 2024
OREGON SECRETARY OF STATE

200777290-25880068

REGISTRY NUMBER: 200777290

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.

LILY LOCKSMITH **AMDREG**

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

1. **CURRENT BUSINESS NAME:** lily locksmith
2. **NEW BUSINESS NAME:** (If changed, $50 fee required) lily locksmith LLC
3. **DESCRIPTION OF BUSINESS:** mobile locksmith company
4. **PRINCIPAL PLACE OF BUSINESS:** (Street Address, City, State, Zip)

   1915 ne stucki ave ste 308 Hillsboro oregon 97006
5. **NAME OF AUTHORIZED REPRESENTATIVE:** (One name only) **CONTINUING** ✓ or **NEW** ☐

   liora baht israel reasonover
6. **MAILING ADDRESS OF AUTHORIZED REPRESENTATIVE:**

   1915 ne stucki ave ste 308 Hillsboro oregon 97006
7. **REGISTRANTS/OWNERS:** (List name and publicly available **street** address of new registrants)(Attach separate sheet if needed)

a. NEW REGISTRANTS/OWNERS:	Street Address	City	State	Zip
lily locksmith llc	1915 ne stucki ave ste 308	Hillsbo	oregon	97006

b. WITHDRAWING REGISTRANTS/OWNERS:

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8. **CURRENT REGISTRANTS/OWNERS ADDRESS CHANGE ONLY:** (This section is only for registrant address changes)(Attach separate sheet if needed)

Registrant Name	Street Address	City	State	Zip

9. COUNTIES:

☐ ALL COUNTIES (Statewide)	☐ Baker	☐ Crook	☐ Harney	☐ Lake	☐ Morrow	☐ Union
	☐ Benton	☐ Curry	☐ Hood River	☐ Lane	☑ Multnomah	☐ Wallowa
	☑ Clackamas	☐ Deschutes	☐ Jackson	☐ Lincoln	☐ Polk	☐ Wasco
	☐ Clatsop	☐ Douglas	☐ Jefferson	☐ Linn	☐ Sherman	☐ Washington
	☐ Columbia	☐ Gilliam	☐ Josephine	☐ Malheur	☐ Tillamook	☐ Wheeler
	☐ Coos	☐ Grant	☐ Klamath	☐ Marion	☐ Umatilla	☐ Yamhill

10. **SIGNATURE(S):** New Registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign. 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: [signature]

Printed Name: liora baht israel reasonover

CONTACT NAME: (To resolve questions with this filing)

liora baht israel reasonover

PHONE NUMBER: (Include area code)

971-222-6737

FEES

If Changing Business Name **$50**
No Fee For Other Changes

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.