



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

FILED: JUN 21, 2024
OREGON SECRETARY OF STATE



227903598-26391366

WHARP ENGINEERING, LLC

AMDART

REGISTRY NUMBER: 2279035-98

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

For office use only

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

ARTICLES OF AMENDMENT ONLY

1. ENTITY NAME: WARP Engineering, 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 1 - new name is WHARP ENGINEERING, LLC"

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: June 21, 2024

4. PRINCIPAL PLACE OF BUSINESS (Physical Street Address)

819 Kropp Ct
Hood River, OR 97031

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.

Whitney Hallam
819 Kropp Ct
Hood River, OR 97031

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:

Victor W. VanKoten

Printed Name:

Victor W. VanKoten

Title:

Attorney

CONTACT NAME: (To resolve questions with this filing)

Victor W. VanKoten

PHONE NUMBER: (Include area code)

(541) 437-3422

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.