

**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)

MAY 16 2019

REGISTRY NUMBER: 1200431-95

OREGON
SECRETARY OF STATEIn accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
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: Rogue Valley Group, 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 2: Mailing Address: 2014 SE 9th Avenue, Portland, OR, 97214Article 5: Manager: Tim Winner, 2014 SE 9th Avenue, Portland, OR 97214Article 7: Management: This Limited Liability Company will be manager-managed by one or more membersArticle 4: Please change addresses to 2014 SE 9th Avenue, Portland, OR 97214

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: 4/26/19

4. PRINCIPAL PLACE OF BUSINESS (Physical Street Address)

2014 SE 9th AvenuePortland, OR, 97214

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.

Tim Winner2014 SE 9th Avenue,Portland OR, 97214**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:

Brian Johansing

Title:

Director of Finance

CONTACT NAME: (To resolve questions with this filing)

Brian Johansing

PHONE NUMBER: (Include area code)

805-423-3240

Articles of Amendment/Dissolution - Limited Liability Company (11)

FEES

ROGUE VALLEY GROUP LLC



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