

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)

REGISTRY NUMBER: 1705462-96



In accordance with Oregon Revised Statute 192.410-192.490, the Information on this application is public in 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 Short (Charles)

BLOSSOM GARDENS APARTMENTS...

AMDART

ase Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary. ARTICLES OF AMENDMENT ONLY			
ENTITY NAME: BLOSSOM GARDENS APARTMENTS LLC			
2. THE FOLLOWING AMENDMENT(S) TO THE ARTI	······································		tate the article number(s) and set forth the
The Member is changed from Clutch Multifamily LLC (1492119-97) to multi member individuals:			
Terence C Blackburn - 360 Beli	mont St NE S	alem OR 97301	and Sean A Blackburn
360 Belmont St NE Salem OR	97301		
B. PLEASE CHECK THE APPROPRIATE STATEMENT			
• This amendment was adopted by the manage		er action. Member action	was not required.
Date of adoption of each amendment: July	31, 2023		
O This amendment(s) was approved by the men	mbersper	cent of the members app	roved the amendment(s).
Date of adoption of each amendment:			IDECT MICHIER CE (III
PRINCIPAL PLACE OF BUSINESS (Physical Street Address)		 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. Terence C Blackburn 	
360 Belmont St NE			
Salem OR 97301		360 Belmont St NE	
<u> </u>		Salem OR 97301	
			001
•	RTICLES OF DISSO	DLUTION ONLY	
5. NAME OF LIMITED LIABILITY COMPANY:			
7- DATE DISSOLUTION OCCURRED: Future date not allowed.			
B. EXECUTION: I declare, under penalty of perjury, to otherwise misrepresent the identity of the person or ar oeen examined by me and is, to the best of my knowled the law and may be penalized by fines, imprisonment o	ny members, managers dge and belief, true, co r both.	, employees or agents of the	elimited liability company. This filing has false statements in this document is against
Signature: DocuSigned by:	Printed Name:		Title:
Unis Blackburn 92F5296F638F455	Terence C	Blackburn	Managing Member
3			
CONTACT NAME: (To resolve questions with this filing)	r	FEES	
Tyrene Bielenberg		Required Processing Fee \$100	
PHONE NUMBER: (include area code)		Processing Fees are nonrefundable. Please make check payable to "Corporation Division".	
503-931-9356		Free copies are available at sos.oregon.gov/business using the Business Name Search program.	
Assistant Amondment (Disselvation - Limited Cirkline)	Commany (11/17)		