

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Axiom Wine Company, LLC		01/10/2007	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA			
Name:	585 Wine Partners LLC		
Street Address:	585 First Street W		
City:	Sonoma		
State/Country:	CALIFORNIA		
Postal Code:	95476		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Serial Number:	78718941	PINK TRUCK	
Registration Number:	3074679	WHITE TRUCK	
Registration Number:	2984650	RED TRUCK	
CORRESPONDENCE DATA			
Fax Number:	(707)526-4707		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	707-526-4200		
Email:	jmbehmke@cmprlaw.com		
Correspondent Name:	Jay M. Behmke		
Address Line 1:	100 B Street, Suite 400		
Address Line 4:	Santa Rosa, CALIFORNIA 95401		
ATTORNEY DOCKET NUMBER:	2295.0001		
NAME OF SUBMITTER:	Jay M. Behmke		

OP \$90.00 78718941

Signature:

/JMB-163603/

Date:

01/18/2007

Total Attachments: 2

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State of California
Secretary of State

LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read Instructions before completing this form.

ENDORSED FILED

In the office of the Secretary of State
of the State of California

JAN 10 2007

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER: 200525510172
2. NAME OF LIMITED LIABILITY COMPANY: Axiom Wine Company, LLC

3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED.
A. LIMITED LIABILITY COMPANY NAME: 585 Wine Partners LLC
B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):
ONE MANAGER
MORE THAN ONE MANAGER
ALL LIMITED LIABILITY COMPANY MEMBER(S)
C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:
D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE...

4. FUTURE EFFECTIVE DATE, IF ANY: MONTH DAY YEAR

5. NUMBER OF PAGES ATTACHED, IF ANY: 0

6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.
SIGNATURE OF AUTHORIZED PERSON: Daniel T. Leese, Manager
DATE: 1/5/07

7. RETURN TO:
NAME: Theresa M. Gates, Paralegal
FIRM: Carle Mackle Power & Ross LLP
ADDRESS: 100 B Street, Suite 400
CITY/STATE: Santa Rosa, CA
ZIP CODE: 95401



State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JAN 17 2007

Debra Bowen

DEBRA BOWEN
Secretary of State