

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
Maverick Spirits, LLC		05/07/2010	LIMITED LIABILITY COMPANY: FLORIDA
RECEIVING PARTY DATA			
Name:	Brooklyn Distilling Company LLC		
Street Address:	1200 West Avenue, No. 507		
City:	Miami Beach		
State/Country:	FLORIDA		
Postal Code:	33139		
Entity Type:	LIMITED LIABILITY COMPANY: FLORIDA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	77722413	BR BROOKLYN RYE	
Registration Number:	3832757	BG BROOKLYN GIN	
CORRESPONDENCE DATA			
Fax Number:	(404)892-7056		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	404		
Email:	tmatlanta@seyfarth.com		
Correspondent Name:	Joseph V. Myers		
Address Line 1:	1075 Peachtree Street, NE, Suite 2500		
Address Line 4:	Atlanta, GEORGIA 30309-3962		
ATTORNEY DOCKET NUMBER:	68682.000302		
NAME OF SUBMITTER:	Joseph V. Myers		
Signature:	/Joseph V. Myers/		

CH \$65.00 77722413

900169272

**TRADEMARK
 REEL: 004259 FRAME: 0840**

Date:

08/12/2010

Total Attachments: 2

source=Name Change for Maverick Spirits#page1.tif

source=Name Change for Maverick Spirits#page2.tif

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Maverick Spirits LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 4, 2008 and assigned
Florida document number L08000084307

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Brooklyn Distilling Company LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
10 MAY 13 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

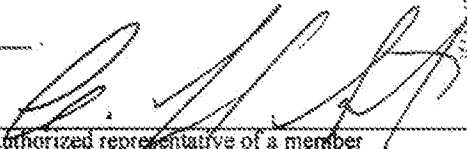
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May 7, 2010



Signature of a member or authorized representative of a member

Angel J. Santos

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
 10 MAY 13 PM 1:34
 SECRETARY OF STATE
 FALLAWASSEE, FLORIDA