

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM333685

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Cosmetic Organization for Practice Enhancement, LLC		04/29/2014	LIMITED LIABILITY COMPANY: MARYLAND
RECEIVING PARTY DATA			
Name:	CMG Partners, LLC		
Street Address:	8322 Bellona Avenue		
Internal Address:	Suite 300		
City:	Towson		
State/Country:	MARYLAND		
Postal Code:	21204		
Entity Type:	LIMITED LIABILITY COMPANY: MARYLAND		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	86248683	BELECARA	
CORRESPONDENCE DATA			
Fax Number:	4107833530		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	410-783-3522		
Email:	dthomas@agtlawyers.com		
Correspondent Name:	Donna M.D. Thomas		
Address Line 1:	217 E. Redwood Street, 21st Fl.		
Address Line 4:	Baltimore, MARYLAND 21202		
ATTORNEY DOCKET NUMBER:	21550.001		
NAME OF SUBMITTER:	Donna M.D. Thomas		
SIGNATURE:	/donna md thomas/		
DATE SIGNED:	03/02/2015		
Total Attachments: 2			
source=ArticlesofAmendmentCMG#page1.tif			
source=ArticlesofAmendmentCMG#page2.tif			

OP \$40.00 86248683

CORPORATE CHARTER APPROVAL SHEET

**** EXPEDITED SERVICE ** ** KEEP WITH DOCUMENT ****

DOCUMENT CODE 41A BUSINESS CODE _____

W10884005

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____



1000362006375069

ID # W10884005 ACK # 1000362006375069
PAGES: 0002
CMG PARTNERS, LLC

04/29/2014 AT 04:11 P WO # 0004296635

New Name

CMG Partners, LLC

FEES REMITTED

Base Fee:	<u>100</u>
Org. & Cap. Fee:	_____
Expedite Fee:	<u>50</u>
Penalty:	_____
State Recordation Tax:	_____
State Transfer Tax:	_____
Certified Copies	_____
Copy Fee:	_____
Certificates	_____
Certificate of Status Fee:	_____
Personal Property Filings:	_____
Mail Processing Fee:	_____
Other:	_____
TOTAL FEES:	<u>150</u>

<input checked="" type="checkbox"/>	Change of Name
_____	Change of Principal Office
_____	Change of Resident Agent
_____	Change of Resident Agent Address
_____	Resignation of Resident Agent
_____	Designation of Resident Agent
_____	and Resident Agent's Address
_____	Change of Business Code
_____	Adoption of Assumed Name
_____	_____
_____	Other Change(s)
_____	_____
_____	_____

Credit Card _____ Check Cash _____

Documents on 6 Checks

Code 065

Attention: _____

Mail: Name and Address

Approved By: [Signature]

Keyed By: _____

COMMENT(S):

SAUL EWING, LLP
9TH FLOOR
500 EAST PRATT STREET
BALTIMORE MD 21202

Stamp Work Order and Customer Number HERE

CUST ID: 0003080055
WORK ORDER: 0004296635
DATE: 04-29-2014 04:11 PM
AMT. PAID: \$150.00

COSMETIC ORGANIZATION FOR PRACTICE ENHANCEMENT, LLC

ARTICLES OF AMENDMENT

THIS IS TO CERTIFY THAT:

FIRST: The Articles of Organization of Cosmetic Organization for Practice Enhancement, LLC, a Maryland limited liability company (the "Company"), are hereby amended by deleting existing Article SECOND in its entirety and inserting, in lieu thereof, a new article to read as follows:

"SECOND: The name of the limited liability company (which is hereafter call the "Company") is **CMG Partners, LLC.**"



SECOND: The amendment to the Articles of Organization of the Company as set forth above have been approved by the members of the Company as required by law and the operating agreement of the Company.

THIRD: The undersigned Authorized Person acknowledges these Articles of Amendment to be an act of the Company and as to all matters or facts required to be verified under oath, the undersigned Authorized Person acknowledges that to the best of his knowledge, information and belief, these matters and facts are true in all material respects and that this statement is made under the penalties for perjury.

IN WITNESS WHEREOF, the Company has caused these Articles to be signed in its name on its behalf by the undersigned Authorized Person on this 29th day of April, 2014.

COSMETIC ORGANIZATION FOR PRACTICE
ENHANCEMENT, LLC

By: Shari Cohen
Shari Cohen, Authorized Person

CUST ID: 0003080055
WORK ORDER: 0004296635
DATE: 04-29-2014 04:11 PM
AMT. PAID: \$150.00

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