

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

ETAS ID: TM362711

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Gates That Open, LLC		12/26/2013	LIMITED LIABILITY COMPANY: FLORIDA
RECEIVING PARTY DATA			
Name:	GTO Access Systems, LLC		
Street Address:	3121 Hartsfield Road		
City:	Tallahassee		
State/Country:	FLORIDA		
Postal Code:	32303		
Entity Type:	LIMITED LIABILITY COMPANY: FLORIDA		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	2158895	GTO	
Registration Number:	2718923	GTO/PRO	
Registration Number:	2045729	GTO/PRO SLIDE GATE OPENER	
Registration Number:	4263230	GTO ACCESS SYSTEMS PROFESSIONAL RESIDENT	
CORRESPONDENCE DATA			
Fax Number:	9529120574		
<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:	952-253-4106		
Email:	tmgml@slwip.com		
Correspondent Name:	Michael B. Lasky		
Address Line 1:	P.O. Box 2938		
Address Line 4:	Minneapolis, MINNESOTA 55402		
ATTORNEY DOCKET NUMBER:	5977.010US1		
NAME OF SUBMITTER:	Michael B. Lasky		
SIGNATURE:	/Michael B. Lasky/		
DATE SIGNED:	11/17/2015		
Total Attachments: 3			
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Gates That Open, 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 July 19, 1999

Florida document number ~~R99000063864~~

LO9000113287

This amendment is submitted to amend the following:

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

GTO Access Systems, 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)

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

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TALLAHASSEE, FLORIDA

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
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

The effective date of the name change is to be January 1, 2014.

Dated

December 26, 2013

Signature of a member or authorized representative of a member

Kevin W. Donnelly

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA