

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM396230

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
RESUBMIT DOCUMENT ID:	900371523		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Floral Plant Growers, L.L.C.		03/17/2016	Limited Liability Company: WISCONSIN
RECEIVING PARTY DATA			
Name:	Natural Beauty Growers, LLC		
Street Address:	N781 Curran Road		
City:	Denmark		
State/Country:	WISCONSIN		
Postal Code:	54208		
Entity Type:	Limited Liability Company: WISCONSIN		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	2209457	LIVING PLEASURES	
Registration Number:	1349846	NATURAL BEAUTY	
Registration Number:	4967774	NB	
Serial Number:	86823098		
CORRESPONDENCE DATA			
Fax Number:	4142735198		
<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:	414-273-3500		
Email:	docketing@gklaw.com		
Correspondent Name:	Shane Delsman; Godfrey & Kahn, S.C.		
Address Line 1:	833 East Michigan Street, Suite 1800		
Address Line 4:	Milwaukee, WISCONSIN 53202-5615		
ATTORNEY DOCKET NUMBER:	004867-0009		
NAME OF SUBMITTER:	Shane Delsman		
SIGNATURE:	/Shane Delsman/		
DATE SIGNED:	08/24/2016		

Total Attachments: 5

source=namechange#page1.tif

source=namechange#page2.tif

source=namechange#page3.tif

source=namechange#page4.tif

source=namechange#page5.tif

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Floral Plant Growers, L.L.C.		03/17/2016	Corporation: WISCONSIN
RECEIVING PARTY DATA			
Name:	Natural Beauty Growers, LLC		
Street Address:	N781 Curran Road		
City:	Denmark		
State/Country:	WISCONSIN		
Postal Code:	54208		
Entity Type:	Corporation: WISCONSIN		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	2209457	LIVING PLEASURES	
Registration Number:	1349846	NATURAL BEAUTY	
Registration Number:	4967774	NB	
Serial Number:	86823098		
CORRESPONDENCE DATA			
Fax Number:	4142735198		
Phone:	414-273-3500		
Email:	docketing@gklaw.com		
<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>			
Correspondent Name:	Shane Delsman; Godfrey & Kahn, S.C.		
Address Line 1:	833 East Michigan Street, Suite 1800		
Address Line 4:	Milwaukee, WISCONSIN 53202-5615		
NAME OF SUBMITTER:	Shane Delsman		
Signature:	/Shane Delsman/		

TRADEMARK

REEL: 005862 FRAME: 0016

Date:	07/15/2016
--------------	------------

Total Attachments: 3

source=namechange#page1.tif
source=namechange#page2.tif
source=namechange#page3.tif

RECEIPT INFORMATION

ETAS ID:	TM391659
Receipt Date:	07/18/2016
Fee Amount:	\$115

TRADEMARK**REEL 005862 FRAME 0017**



State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

ONLINE
PYMT

FILING FEE \$40.00
 OPTIONAL EXPEDITED SERVICE + \$25.00

FORM **504**

**Limited Liability Company
Articles of Amendment**

Chapter 183.0203 Wis. Stats.

1. Name of limited liability company: Floral Plant Growers, L.L.C.

2. The Text of Amendment to the articles of organization amends:

Name of Limited Liability Company: Natural Beauty Growers, LLC
(New Name of LLC)

Street address of the Registered Office: _____
(Street Address)

(City, State and Zip Code)

Name of the Registered Agent at that office: _____
(Name)

The Management of the Limited Liability Company: Vested in Members Vested in Managers

3. Amendment(s) to the Articles of Organization was adopted by the vote required under s. 183.0404 (2). Yes No

4. This document was drafted by: Nathan G. Huribut

5. This document was executed on behalf of the limited liability company on: 03/17/2016
(MM/DD/YYYY)

Jon O'Donahue
(Print name of individual who executed)

Check one title: Manager Member Attorney-in-Fact

Jon O'Donahue
(Signature of individual who executed)

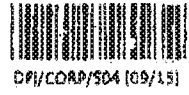
Submit this form along with the non-refundable filing fee of \$40.00 in the address listed below. Make remittance payable to the Department of Financial Institutions. Optional expedited service: The non-refundable expedited service fee of \$25.00 is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner. For answers to frequently asked questions, please see: Form 504 Instructions

This form may be used to accomplish a filing with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

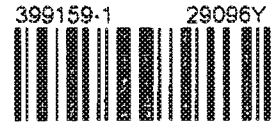
Mailing Address:
State of WI - Dept. of Financial Institutions
Box 93348
Milwaukee WI 53293-0348

Physical Address for Express Mail/Courier:
Department of Financial Institutions
Division of Corporate & Consumer Services
201 W. Washington Ave - Suite 300
Madison WI 53703

Contact Information
Phone: 608-261-7577
Web: www.dfi.org
TTY: 711



DPI/COOP/504 (09/15)



399159-1 29086Y
11296017,1



State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

FILING FEE \$40.00
OPTIONAL EXPEDITED SERVICE + \$25.00

OPTIONAL

6. State the delayed effective date of the articles of amendment under s. 183.011(2).

This document has a delayed effective date of: _____

(MM/DD/YYYY)

7. Contact information:

Alicia Bauer, Paralegal

(Name)

200 S. Washington Street, Suite 100

(Address)

Green Bay, WI 54301

(City, State and Zip Code)

(920) 432-9300

(Phone Number)

abauer@gklaw.com

(Email Address)

SAVE TIME AND MONEY!

SUBMIT YOUR

AMENDMENT ONLINE AT

www.wdfi.org

Submit this form along with the non-refundable filing fee of \$40.00 to the address listed below. Make remittance payable to the Department of Financial Institutions. Optional expedited service: The non-refundable expedited service fee of \$25.00 is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner. For answers to frequently asked questions, please see: Form 504 Instructions

This form may be used to accomplish a filing with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Mailing Address:
State of WI - Dept. of Financial Institutions
110* 93346
Milwaukee WI 53291-0346

Physical Address for Express Mail/Courier:
Department of Financial Institutions
Division of Corporate & Consumer Services
201 W. Washington Ave - Suite 300
Madison WI 53703

Contact Information
Phone: 608-261-7577
Web: www.wdfi.org
TTY: 711



DFI/CORP/504 (09/15)

OFFICE USE ONLY



For Office



State of Wisconsin
Department of Financial Institutions

Endorsement

ARTICLES OF AMENDMENT - LIMITED LIABILITY COMPANY - Ch. 183

FLORAL PLANT GROWERS, L.L.C.

Received Date: 3/21/2016

Filed Date: 3/25/2016

Filing Fee: \$40.00

Entity ID#: F029421

Total Fee: \$40.00

CHANGES NAME
OOS#201603214711437