900394177 02/07/2017 TRADEMARK ASSIGNMENT COVER SHEET Electronic Version v1.1 ETAS ID: TM415243 Stylesheet Version v1.2 SUBMISSION TYPE: **NEW ASSIGNMENT** NATURE OF CONVEYANCE: CHANGE OF NAME **CONVEYING PARTY DATA** Name **Formerly Execution Date Entity Type** Cane Partners LLC DBA Great Limited Liability Company: 11/22/2016 Circle Coffee **FLORIDA RECEIVING PARTY DATA** Name: **Great Circle Coffee** Street Address: 382 NE 56 Street City: Miami State/Country: **FLORIDA** Postal Code: 33137 **Entity Type:** Limited Liability Company: UNITED STATES FLORIDA **PROPERTY NUMBERS Total: 3 Property Type** Number Word Mark Serial Number: 87186138 **GREAT CIRCLE** Serial Number: 87186188 Serial Number: 87186229 ROASTED WITH CARE 590.00 87186138 **CORRESPONDENCE DATA** Fax Number: 3058540900 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. Phone: (305) 854-0900 Emall: trademark@etlaw.com Correspondent Name: Roberto M. Suarez Address Line 1: 1428 Brickell Ave., Suite 100 Address Line 4: Miami, FLORIDA 33131 NAME OF SUBMITTER: Roberto M Suarez SIGNATURE: /ROBERTO M SUAREZ/ DATE SIGNED: 02/07/2017 Total Attachments: 5 source=Name Change Amendment-Cane Partners LLC#page1.til source=Name Change Amendment-Cane Partners LLC#page2.tif source-Name Change Amendment-Cane Partners LLC#page3.tif

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COVER LETTER

Division of (Corporations		**
CANE F SUBJECT:	ARTNERS LLC		
	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	•
	pondence concerning this matte		
	SERGIO BOPPEL		
		Name of Person	
	CANE PARTNERS LLC	DBA GREAT CIRCLE COFFEE	A CARLO CARL
er en en en en en en en en	50 MENORES AVE #516	17-	3
	'	Address	
	CORAL GABLES FL 331	34	
	 	City/State and Zip Code	
	SERGIO@GREATCIRCLI		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti all:	ication)
SERGIO BOPPEL		617 281-6501	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS:	STREET/COURI Registration Section	n
P.O. B	on of Corporations ox 6327	Division of Corpor Clifton Building	
Tallah	assee, FL 32314	2661 Executive Ce	nter Circle

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Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CANE PARTNRES 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 I	Liability Company	were filed on $\frac{8/19/2}{}$	015 and assigned	
	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here		
GREAT CIRCLE COFFEE LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	mation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		382 NE 56 ST		
(Principal office address MUST BE A STRE	ET ADDRESS)	MIAMI FL 33137		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		50 MENORES AVE #516 CORAL GABLES FL 33134		
B. If amending the registered agent and registered agent and/or the new registered. Name of New Registered Agent:	•		ur records, <u>enter the name of the</u>	
New Registered Office Address:	N/A			
New Registered Office Address:	N/A	Enter Florida	street address	
New Registered Office Address:	N/A	Enter Florida	street address, Florida Zip Code	

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MRS -	CAROLINA JAAR	50 MENORES AVE #516 CORAL	Add
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			Change
			Remove
	•		Change
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			Remove
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ER, 22		2016				
	listed, the date m inserted in this i ive date on the ifies a delaye	listed, the date must be specific and inserted in this block does not make the date on the Department of S	inserted in this block does not meet the applicabive date on the Department of State's records. If it is a delayed effective date, but not a	listed, the date must be specific and cannot be prior to date of filing or moi inserted in this block does not meet the applicable statutory filing ive date on the Department of State's records. Ifies a delayed effective date, but not an effective tire	listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft inserted in this block does not meet the applicable statutory filing requirements, the date on the Department of State's records. If it is a delayed effective date, but not an effective time, at 12:01	listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua inserted in this block does not meet the applicable statutory filing requirements, this date will notive date on the Department of State's records. If it is a delayed effective date, but not an effective time, at 12:01 a.m. on the

Filing Fee: \$25.00

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RECORDED: 02/07/2017