

900394177 02/07/2017

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM415243

<b>SUBMISSION TYPE:</b>		NEW ASSIGNMENT	
<b>NATURE OF CONVEYANCE:</b>		CHANGE OF NAME	
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Cane Partners LLC DBA Great Circle Coffee		11/22/2016	Limited Liability Company: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Great Circle Coffee		
<b>Street Address:</b>	382 NE 56 Street		
<b>City:</b>	Miami		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33137		
<b>Entity Type:</b>	Limited Liability Company: <del>UNITED STATES</del> FLORIDA		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	87186138	GREAT CIRCLE	
<b>Serial Number:</b>	87186188		
<b>Serial Number:</b>	87186229	ROASTED WITH CARE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3058540900		
<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>			
<b>Phone:</b>	(305) 854-0900		
<b>Email:</b>	trademark@etlaw.com		
<b>Correspondent Name:</b>	Roberto M. Suarez		
<b>Address Line 1:</b>	1428 Brickell Ave., Suite 100		
<b>Address Line 4:</b>	Miami, FLORIDA 33131		
<b>NAME OF SUBMITTER:</b>	Roberto M. Suarez		
<b>SIGNATURE:</b>	/ROBERTO M SUAREZ/		
<b>DATE SIGNED:</b>	02/07/2017		
<b>Total Attachments: 5</b>			
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

11/28/16--01018--015 \*\*30.00

NOV 28 AM 10:05

Special Instructions to Filing Officer:  
~~left msg. 12/1~~  
Lergio gave permission  
to correct MGR title  
for Carolina.

Office Use Only

*[Handwritten signature]*  
12/1

M. MILLIGAN  
DEC 01 2016

TRADEMARK  
REEL: 005987 FRAME: 0290

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CANE PARTNERS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SERGIO BOPPEL

Name of Person

CANE PARTNERS LLC DBA GREAT CIRCLE COFFEE

50 MENORES AVE #516

Address

CORAL GABLES FL 33134

City/State and Zip Code

SERGIO@GREATCIRCLECOFFEE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGIO BOPPEL

617

281-6501

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MRS - MGR	CAROLINA JAAR	50 MENORES AVE #516 CORAL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER, 22 2016

Signature of a member or authorized representative of a member

SERGIO BOPPEL
Typed or printed name of signee

NOV 28 AM 10:05