

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM435055

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
EL Coberitzo, LLC		05/13/2016	Limited Liability Company: CALIFORNIA
RECEIVING PARTY DATA			
Name:	The Crack Shack Little Italy, LLC		
Street Address:	2223 Avenida de la Playa		
Internal Address:	Suite 300		
City:	La Jolla		
State/Country:	CALIFORNIA		
Postal Code:	92037		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Serial Number:	86561074	THE CRACK SHACK	
Serial Number:	86561051	THE CRACK SHACK ALL DAY CHICKEN & EGGS L	
Registration Number:	5042866		
CORRESPONDENCE DATA			
Fax Number:	2127557306		
<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:	(212)326-3939		
Email:	NYTEF@jonesday.com		
Correspondent Name:	Anna E. Raimer		
Address Line 1:	Jones Day		
Address Line 2:	250 Vesey street		
Address Line 4:	New York, NEW YORK 10281		
NAME OF SUBMITTER:	Anna E. Raimer		
SIGNATURE:	/Anna E. Raimer/		
DATE SIGNED:	07/14/2017		
Total Attachments: 2			
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CH \$90.00 86561074

Amendment to Articles of Organization of a Limited Liability Company (LLC)

To change information of record for your California LLC, you can fill out this form, and submit for filing along with:

- A **\$30** filing fee.
- A separate, non-refundable **\$15** service fee also must be included, if you **drop off** the completed form.
- To file this form, the status of your LLC must be active on the records of the California Secretary of State, or if suspended, this form can only be filed to list a new LLC name. To check the status of the LLC, go to kepler.sos.ca.gov.

Important! To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to www.sos.ca.gov/business/be/statements.htm.

Items 4-6: **Only** fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.

FILED
 Secretary of State
 State of California *R*
 MAY 13 2016 *PS*

1cc This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

① **LLC's Exact Name** (on file with CA Secretary of State)
 El Cobertizo, LLC

② **LLC File No.** (issued by CA Secretary of State)
 201422410213

Purpose

- ③ The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

New LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

④ The Crack Shack Little Italy, LLC
Proposed LLC Name The proposed new name **must** include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and **may not** include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company.


Management (Check only one.)

- ⑤ The LLC will be managed by:
 One Manager More Than One Manager All Limited Liability Company Member(s)

Amendment to Text of the Articles of Organization (List both the current text, and the text as amended by this filing.)

⑥

Read and sign below: Unless a greater number is provided for in the Articles of Organization, this form must be signed by at least one manager, if the LLC is manager-managed or at least one member, if the LLC is member-managed. If the signing manager or member is a trust or another entity, go to www.sos.ca.gov/business/be/filing-tips.htm for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this document.


 Sign here Michael S. Rosen Managing Member
 Print your name here Your business title

Make check/money order payable to: **Secretary of State**
 Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail
 Secretary of State
 Business Entities, P.O. Box 944228
 Sacramento, CA 94244-2280

Drop-Off
 Secretary of State
 1500 11th Street., 3rd Floor
 Sacramento, CA 95814



Secretary of State
Statement of Information
 (Limited Liability Company)

29
 CW

LLC-12

16-431862

FILED
 Secretary of State
 State of California
 JUN 29 2016

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00

Copy Fees - Face Page \$1.00 & .50 for each attachment page,
 Certification Fee - \$5.00

21/20/16
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1. Limited Liability Company Name The Crack Shack Little Italy, LLC		(formerly El Cobertizo, LLC)	
2. 12-Digit Secretary of State File Number 201422410213	3. State or Place of Organization (only if formed outside of California)		

4. Business Addresses			
a. Street Address of Principal Office - Do not list a P.O. Box 2223 Avenida de la Playa, Suite 300	City (no abbreviations) La Jolla	State CA	Zip Code 92037
b. Mailing Address of LLC, if different than item 4a	City (no abbreviations)	State	Zip Code
c. Street Address of California Office, if item 4a is not in California - Do not list a P.O. Box	City (no abbreviations)	State CA	Zip Code

5. Manager(s) or Member(s) If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. Attach additional pages, if necessary.

a. First Name Michael	Middle Name S.	Last Name Rosen	Suffix
b. Address	City (no abbreviations)	State	Zip Code

6. Agent for Service of Process Item 6a and 6b: If the agent is an individual, the agent must reside in California and Item 6a and 6b must be completed with the agent's name and California address. Item 6c: If the agent is a California Registered Corporate Agent, a current agent registration certificate must be on file with the California Secretary of State and Item 6c must be completed (leave Item 6a-6b blank).

a. California Agent's First Name (if agent is not a corporation) Michael	Middle Name S.	Last Name Rosen	Suffix
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box 2223 Avenida de la Playa # 300	City (no abbreviations) La Jolla	State CA	Zip Code 92037
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete item 6a or 6b			

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company restaurant

8. Chief Executive Officer, if elected or appointed

a. First Name	Middle Name	Last Name	Suffix
b. Address	City (no abbreviations)	State	Zip Code

9. The information contained herein, including any attachments, is true and correct.

06.20.16	Michael S. Rosen	Managing Member
Date	Type or Print Name of Person Completing the Form	Title Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name:	The Crack Shack Little Italy
Company:	
Address:	2223 Avenida de la Playa # 300
City/State/Zip:	La Jolla, CA 92037