

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM442295

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
SSS Aquisition LLC		03/12/2014	Limited Liability Company: MAINE
RECEIVING PARTY DATA			
Name:	Synergistic Software Solutions LLC		
Street Address:	P.O. Box 1206		
Internal Address:	c/o Anania & Associations Investment Company, LLC		
City:	Windham		
State/Country:	MAINE		
Postal Code:	04062		
Entity Type:	Limited Liability Company: MAINE		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	2789314	SYNERGISTIC SOFTWARE SOLUTIONS	
Registration Number:	2789313	SYNERGISTIC SOFTWARE SOLUTIONS S	
Registration Number:	2840793	SYNERGISTIC SOFTWARE SOLUTIONS THE POWER	
CORRESPONDENCE DATA			
Fax Number:			
<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:	617-226-3800		
Email:	tm@preti.com		
Correspondent Name:	Preti Flaherty Beliveau & Pachios		
Address Line 1:	60 State Street		
Address Line 2:	Suite 1100		
Address Line 4:	Boston, MASSACHUSETTS 02109		
ATTORNEY DOCKET NUMBER:	(CMR 83797)		
NAME OF SUBMITTER:	James Christon		
SIGNATURE:	/James Christon/		
DATE SIGNED:	09/07/2017		
Total Attachments: 3			

CH \$90.00 2789314

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LIMITED LIABILITY COMPANY

STATE OF MAINE

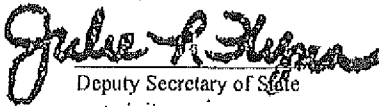
CERTIFICATE OF AMENDMENT
(for a Maine LLC)

SSS Acquisition LLC

(Name of Limited Liability Company)

ES:100 Fee \$50.00

File No. 20142995DC Pages 3
Fee Paid \$ 50
DCN 2140731600014 LNME
-----FILED-----
03/13/2014


Deputy Secretary of State

A True Copy When Attested By Signature


Deputy Secretary of State

Pursuant to 31 MRSA §1532, the undersigned limited liability company executes and delivers for filing this certificate of amendment:

FIRST: The name of the limited liability company has been changed to (if no change, so indicate)

Synergistic Software Solutions LLC

(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C.," or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c." - see 31 MRSA 1508)

SECOND: The date of filing of the initial certificate of formation: February 27, 2014
(date)

THIRD: Designation as a low profit LLC (Check only if applicable):

This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications set forth here:

- A. The company intends to qualify as a low-profit limited liability company;
- B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further;
- C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and
- D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor.

FOURTH: Designation as a professional limited liability company (Check only if applicable)

This is a professional limited liability company* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:

_____ (type of professional services)

FIFTH: Complete only if there is a change to the registered agent information.

The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: _____

_____ (Name of commercial registered agent)

Noncommercial Registered Agent

_____ (Name of noncommercial registered agent)

_____ (physical location, not P.O. Box – street, city, state and zip code)


_____ (mailing address if different from above)

SIXTH: Pursuant to 5 MRSA §§105.2 or 108.3, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

SEVENTH: Other changes this certificate of amendment makes to the certificate of formation as most recently amended or restated are set forth in Exhibit _____ attached and made a part hereof.

****Authorized person(s)**

Dated March 12, 2014



(Signature)

Christian T. Chandler, Authorized Person

(Type or print name and capacity)

(Signature)

(Type or print name and capacity)

***Examples** of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7)

****Pursuant to 31 MRSA §1676.1**, this Certificate of Amendment **MUST** be signed by a person authorized by the limited liability company.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov