

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM452202

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Edible Arrangements, LLC		04/20/2017	Limited Liability Company: CONNECTICUT
RECEIVING PARTY DATA			
Name:	Edible IP, LLC		
Street Address:	95 Barnes Road		
Internal Address:	Edible Arrangements		
City:	Wallingford		
State/Country:	CONNECTICUT		
Postal Code:	06492		
Entity Type:	Limited Liability Company: CONNECTICUT		
PROPERTY NUMBERS Total: 29			
Property Type	Number	Word Mark	
Registration Number:	4319940	EDIBLE	
Registration Number:	4328107	EDIBLE ARRANGEMENTS	
Registration Number:	3844160	EDIBLE ARRANGEMENTS	
Registration Number:	2934715	EDIBLE ARRANGEMENTS	
Registration Number:	2356362	EDIBLE ARRANGEMENTS	
Registration Number:	3545601	EDIBLE ARRANGEMENTS ARRANGEMENT FOAM	
Registration Number:	5286720	EDIBLE ARRANGEMENTS	
Registration Number:	3844161	EDIBLE ARRANGEMENTS	
Registration Number:	3141566	EDIBLE ARRANGEMENTS	
Registration Number:	3654276	EDIBLE BRANDS	
Registration Number:	5018244	EDIBLE CAKES	
Registration Number:	4471794	EDIBLE CARES	
Registration Number:	4592970	EDIBLE NUMBERS	
Registration Number:	3545605	EDIBLE NUMBERS	
Registration Number:	4648061	EDIBLE POPS	
Registration Number:	5216025	EDIBLE POPS BOUQUET	
Registration Number:	4668312	EDIBLE REWARDS	
Registration Number:	4300422	EDIBLE TO GO	
TRADEMARK			

CH \$740.00 4319940

Property Type	Number	Word Mark
Registration Number:	4068508	EDIBLE TO GO
Serial Number:	87240682	EDIBLE
Serial Number:	87166534	EDIBLE
Serial Number:	87308665	EDIBLE ARRANGEMENTS GROUP ADVANCEMENT AS
Serial Number:	86875059	EDIBLE FOR BUSINESS
Serial Number:	87188299	EDIBLE GOURMET
Serial Number:	86792483	EDIBLE GROWTH ASSOCIATION
Serial Number:	86738157	EDIBLE GROWTH COUNCIL
Serial Number:	87123889	EDIBLE REVEAL
Serial Number:	87113430	EDIBLE SIGNATURE CHOCOLATE
Serial Number:	87123880	EDIBLE SURPRISE

CORRESPONDENCE DATA

Fax Number: 2035833964

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: 2037748129

Email: ip@edible.com

Correspondent Name: Susan Daly Stearns

Address Line 1: 95 Barnes Road

Address Line 2: Edible Arrangements

Address Line 4: Wallingford, CONNECTICUT 06492

NAME OF SUBMITTER:	Susan Daly Stearns
SIGNATURE:	/Susan Daly Stearns/
DATE SIGNED:	11/27/2017

Total Attachments: 2

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SECRETARY OF THE STATE

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONN

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-spts.ct.gov

FILING #0005823740 PG 01 OF 01 VOL B-02338
FILED 04/21/2017 12:00 PM PAGE 01518
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

ARTICLES OF AMENDMENT
Limited Liability Company-DOMESTIC

C.G.S. §§34-109; 34-122

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):
NAME: Susan Stearns
ADDRESS: 95 Barnes Road
CITY: Wallingford
STATE: CT ZIP: 06492
FILING FEE: \$120
MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"

1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST MATCH OUR CURRENT RECORDS EXACTLY WITH DESIGNATION SUCH AS L.L.C., LLC, ETC.)
EDIBLE ARRANGEMENTS, LLC

2. THE LIMITED LIABILITY COMPANY'S ARTICLE OF ORGANIZATION ARE (CHECK A, B, C OR D) - REQUIRED:
[X] A. AMENDED, NAME ONLY: Edible IP, LLC
(SPECIFY NEW NAME. MUST INCLUDE BUSINESS DESIGNATION SUCH AS: L.L.C., LLC, ETC.)
[] B. AMENDED: ANY AMENDMENTS TO THE ARTICLES OF ORGANIZATION.
[] C. AMENDED AND RESTATED: PROVIDE THE TEXT OF EACH AMENDMENT FOLLOWED BY A COMPLETE RESTATEMENT OF THE LIMITED LIABILITY COMPANY'S ARTICLES OF ORGANIZATION.
[] D. RESTATED: INTEGRATION OF ALL PREVIOUS AMENDMENTS TO THE ARTICLES OF ORGANIZATION INTO ONE DOCUMENT.

3. FULL TEXT OF EACH AMENDMENT / RESTATEMENT - REQUIRED: (NOTE: IF YOU ARE AMENDING THE BUSINESS NAME ONLY, COMPLETE SECTION 2A AND YOU MAY LEAVE THIS SECTION BLANK.)

4. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 20 DAY OF April 2017
NAME OF SIGNATORY (print/type) Tariq Farid
CAPACITY/TITLE OF SIGNATORY Authorized-Signatory
SIGNATURE [Handwritten Signature]

STATE OF CONNECTICUT }
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office.

In Testimony whereof, I have hereunto set my hand,
and affixed the Seal of said State, at Hartford,

this 24th day of April A.D. 2017



SECRETARY OF THE STATE