

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM477863

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
P3 Organics, LLC		02/03/2016	Corporation: FLORIDA
RECEIVING PARTY DATA			
Name:	P3 Pure, LLC		
Street Address:	1900 E. Howard Lane Bldg D		
City:	Austin		
State/Country:	TEXAS		
Postal Code:	78660		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 7			
Property Type	Number	Word Mark	
Registration Number:	5470076	P3	
Registration Number:	4814480	HAPPY PITS	
Registration Number:	4819475	MOOD MIST	
Registration Number:	4814479	TOUGH TEETH	
Registration Number:	4765688	PIT PUMP	
Registration Number:	5396954	P3 PURE	
Registration Number:	4806594	PRIMAL PIT PASTE	
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>			
Email:	ipdocket@tmlawyeronline.com		
Correspondent Name:	Joshua G. Jones		
Address Line 1:	8729 Shoal Creek Blvd		
Address Line 2:	Ste. 100		
Address Line 4:	Austin, TEXAS 78757		
NAME OF SUBMITTER:	Joshua G. Jones		
SIGNATURE:	/joshua jones/		
DATE SIGNED:	06/13/2018		

OP \$190.00 5470076

Total Attachments: 6

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L120000071067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

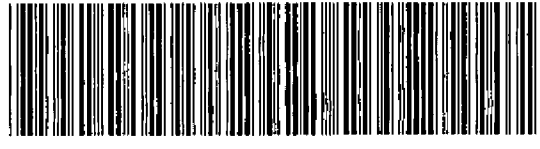
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100281710301

RECEIVED
16 FEB -3 AM 10:30
TO HONORARY CLERK
SUFFICIENT OFFICE

FILED
2016 FEB -3 A 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 04 2016

TRADEMARK
REEL: 006352 FRAME: 0020

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/3/16

NAME: P3 ORGANICS LLC

TYPE OF FILING: AMENDMENT

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: P3 Organics 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:

Bentley Harris

Name of Person

Reed & Scardino

Firm/Company

301 Congress Ave., Suite 1250

Address

Austin, Texas 78701

City/State and Zip Code

bharris@reedscardino.com

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

For further information concerning this matter, please call:

Mary Alford

512 615-5788
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

**TRADEMARK
REEL: 006352 FRAME: 0022**

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

P3 Organics 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 Liability Company were filed on May 29, 2012 and assigned
Florida document number L12000071067

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

P3 Pure LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

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TALLAHASSEE
FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2016 FEB - 3
 SECRETARY OF STATE
 TAMPA FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines 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 2/2, 2016

Amy E. Cazin

Signature of a member or authorized representative of a member

Amy E. Cazin, Managing Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA