

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM482476

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Edible Arrangements, LLC		04/21/2017	Limited Liability Company: CONNECTICUT
RECEIVING PARTY DATA			
Name:	Edible IP, LLC		
Street Address:	95 Barnes Road		
City:	Wallingford		
State/Country:	CONNECTICUT		
Postal Code:	06492		
Entity Type:	Limited Liability Company: CONNECTICUT		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3464761	BREAST CANCER AWARENESS BOUQUET	
Registration Number:	5220704	EDIBLE COMMERCE	
Registration Number:	4690552	FRUITIZE	
CORRESPONDENCE DATA			
Fax Number:	9169303201		
<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:	9169303263		
Email:	amanda.modesto@dlapiper.com		
Correspondent Name:	Carissa Bouwer, Esq.		
Address Line 1:	555 Mission Street, Suite 2400,		
Address Line 2:	DLA Piper LLP (US)		
Address Line 4:	San Francisco, CALIFORNIA 94105-2933		
ATTORNEY DOCKET NUMBER:	307491-000147		
NAME OF SUBMITTER:	Carissa Bouwer		
SIGNATURE:	/Carissa Bouwer/		
DATE SIGNED:	07/18/2018		
Total Attachments: 2			
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CH \$90.00 3464761



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
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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.

Form with sections: FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS); FILING FEE: \$120; 1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED; 2. THE LIMITED LIABILITY COMPANY'S ARTICLE OF ORGANIZATION ARE (CHECK A, B, C OR D) - REQUIRED; 3. FULL TEXT OF EACH AMENDMENT / RESTATEMENT - REQUIRED; 4. EXECUTION - REQUIRED; 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