

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM483535

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
AAMCO Transmissions, Inc.		12/22/2017	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	AAMCO Transmissions, LLC		
Street Address:	201 Gibraltar Road		
Internal Address:	Suite 150		
City:	Horsham		
State/Country:	PENNSYLVANIA		
Postal Code:	19044		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 13			
Property Type	Number	Word Mark	
Registration Number:	3932130	IGAAUGE	
Registration Number:	3875638	AAMCO TRANSMISSIONS TOTAL CAR CARE	
Registration Number:	3804064	DIRECTECH PRO AAMCO'S TECHNICAL INFORMAT	
Registration Number:	3793536	ECO-GREEN AUTO SERVICE CERTIFIED RECYCLE	
Registration Number:	2586742	POWER PURGE	
Registration Number:	2142232		
Registration Number:	2144306		
Registration Number:	2179649	DIRECTECH	
Registration Number:	2124437	AAMCO	
Registration Number:	1175793	BANNER ASSEMBLY SET	
Registration Number:	1107524	AAMCO TRANSMISSIONS WORLD'S LARGEST TRAN	
Registration Number:	0851209	AAMCO	
Registration Number:	0860330	AAMCO	
CORRESPONDENCE DATA			
Fax Number:	8663082252		
<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:	2029068611		

CH \$340.00 3932130

Email: tm@dykema.com, mgentner@dykema.com, swilliams@dykema.com
Correspondent Name: Marsha G. Gentner
Address Line 1: 1301 K Street, NW
Address Line 2: Suite 1100 West
Address Line 4: Washington, D.C. 20005

ATTORNEY DOCKET NUMBER: 067309-000001

NAME OF SUBMITTER: Marsha G. Gentner

SIGNATURE: /Marsha G. Gentner/

DATE SIGNED: 07/26/2018

Total Attachments: 6

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

06/29/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

AAMCO Transmissions, LLC

I, Robert Torres, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Dec 22, 2017 Effective Dec 29, 2017 - Pages (5)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Torres


Acting Secretary of the Commonwealth

Certification Number: TSC180629151326-5

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

TRADEMARK
REEL: 006392 FRAME: 0375

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input checked="" type="checkbox"/> Return document by mail to: BELINDA SCHORY PENNCORP SERVICEGROUP, INC. 600 NORTH SECOND STREET PO BOX 1210 HARRISBURG, PA 17108-1210	<p style="text-align: center;">Statement of Conversion</p>  <p style="text-align: center;">TCO171222JM0321</p>
<input checked="" type="checkbox"/> Return document by email to: <u>ashwin.phadnis@thompsonhine.com</u>	

Read all instructions prior to completing.

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: AAMCO Transmissions, Inc.

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|----------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

11/06/1963
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1933
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

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PA. DEPT. OF STATE

TRADEMARK
REEL: 006392 FRAME: 0376

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</p> <p>(a) _____ Number and street City State Zip County</p> <p>(b) c/o: Corporation Service Company Dauphin Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p>If the converting association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</p> <p>_____ Number and street City State Zip</p>

B. For the converted association:

1. The name of the converted association is: AAMCO Transmissions, LLC

2. The jurisdiction of formation of the converted association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|---------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</p> <p>(a) _____ Number and street City State Zip County</p> <p>(b) e/o: <u>Corporation Service Company</u> <u>Dauphin</u> Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p>If the converted association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> Number and street City State Zip County
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2).</p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____</p> Number and street City State Zip <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____</p> Name of Registered Agent <p>_____</p> Number and street City State Zip

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: 12/29/2017 at _____
Date (MM/DD/YYYY) Hour (if any)


D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association – The conversion was approved in accordance with the law
- of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

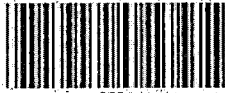
IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 22 day of December, 2017.

AAMCO Transmissions, Inc.
Name of Converting Association


Signature

Chief Financial Officer
Title

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input checked="" type="checkbox"/> Return document by mail to: Ashwin Phadnis <hr/> Name 335 Madison Avenue <hr/> Address New York NY 10017 <hr/> City State Zip Code New York NY 10017 <hr/> City State Zip Code	Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)  8821
<input checked="" type="checkbox"/> Return document by email to: <u>ashwin.phadnis@thompsonhine.com</u>	

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: AAMCO Transmissions, LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company’s registered office in this Commonwealth is:
(post office box alone is not acceptable)

Number and Street	City	State	Zip	County
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(b) The name of this limited liability company’s commercial registered office provider and county of venue is:

c/o: Corporation Service Company	Dauphin
Name of Commercial Registered Office Provider	County

3. The name of each organizer is *(all organizers must sign on page 2)*:

James Gregory

4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

The Certificate of Organization shall be effective upon filing in the Department of State.
 The Certificate of Organization shall be effective on: 12/29/2017 at _____
Date (MM/DD/YYYY) Hour (if any)

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

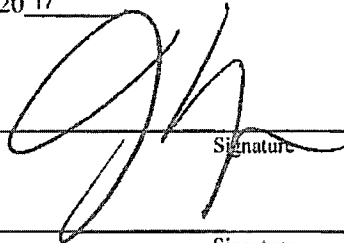
Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

22 day of December, 2017



 Signature

 Signature

 Signature