TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

ETAS ID: TM493575

SSIGNMENT
S

NATURE OF CONVEYANCE: CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Whole Fitness, LLC		07/29/2016	Limited Liability Company: ARIZONA

RECEIVING PARTY DATA

Name:	Altis, LLC
Street Address:	6011 E Redfield Rd
City:	Scottsdale
State/Country:	ARIZONA
Postal Code:	85254
Entity Type:	Limited Liability Company: ARIZONA

PROPERTY NUMBERS Total: 5

Property Type	Number	Word Mark
Serial Number:	88127548	PERFORMANCE THERAPY
Serial Number:	86679200	ALTIS
Serial Number:	86679225	
Serial Number:	86983188	ALTIS
Serial Number:	88127616	PERFORMANCE THERAPY

CORRESPONDENCE DATA

Fax Number: 4809472663

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: 4809948888

Email: fweiss@weissiplaw.com

Correspondent Name: Farley Weiss

Address Line 1: 4204 N. Brown Avenue Address Line 4: Scottsdale, ARIZONA 85251

NAME OF SUBMITTER:	Farley I. Weiss
SIGNATURE:	/Farley I. Weiss/
DATE SIGNED:	10/11/2018

Total Attachments: 4

source=Altis name change#page1.tif

TRADEMARK **REEL: 006506 FRAME: 0456**

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TRADEMARK REEL: 006506 FRAME: 0457

From:

ARIZONA CORP. COMMISSION FILED

07/29/201



JUL 2 9 2016

FILE NO. 12807637

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

ARTICLES OF AMENDMENT Read the Instructions L015i						
1.	ENTITY NAME - give the exact name of the LLC as currently shown in A,C,C, records;					
	WHOLE FITNESS, LLC					
2,	A.C.C. FILE NUMBER: L12807637					w
cui	Find the A.C.C. file number on the upper corner of file			tp://www.az	cc.gov/Division	s/Corporations
COL	ECK THE BOX NEXT TO EACH CHAN MPLETE THE REQUESTED INFORMA	GE BEING NTION FOR	MADE AND THAT CHANG	E.		
3,	ENTITY NAME CHANGE - type or print	the exact NEW	name of the LLC in	the space	below:	
	ALTIS LLC			•		
4.	MEMBERS CHANGE (CHANGE IN MEMI CURRENTLY SHOWN IN A.C.C. RECORDS - list to information for that member (new name and/or that member. FOR NEW MEMBERS - in a sepective appropriate box. If more space is needed,	the name of each r address), then exate block, list	n member being chang check all boxes that a the name in the MENA	ed, and belon pply to indica Name black	w that provide te the change	any new being made for
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Anzona Comparation Commission - Corporations Division Flage 1 of 3

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L015.001 Rev: 2010

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9.		ARIZONA KNOWN PLACE OF BUSINESS ADDRESS CHANGE:
	9.1	Is the NEW Arizona known place of business address the same as the street address of the statutory agent?
		Yes - go to number 10 and continue
		No - go to number 9.2 and continue
	9,2	If you answered "No" to number 9.1, give the NEW physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:
		Attention (optional)
		Address 1
		Address 2 (optional)
		City State or Zip Province
	г-, .	
10.	י בי	DURATION CHANGE check one to indicate the NEW duration or life period of the LLC:
		Perpetual
		The LLC's life period will end on this date:
		The LLC's life period will end upon the occurrence of this event:
		(describe an event)
11,	П	ENTITY TYPE CHANGE - if changing entity type, check one and follow instructions:
		Changing to a PROFESSIONAL LLC - number 12 must also be completed.
		Changing to a NON-PROFESSIONAL LLC (professional LLC becoming a regular LLC).
		and and a serior recorded the (professional tree perofitting a regular reco).
12.		PROFESSIONAL SERVICES CHANGE - describe the NEW type of professional services the professional LLC will
		render:
13.		OTHER AMENDMENT — if an amendment was made that was not addressed by the check boxes on this form, then
		you must attach to these Articles of Amendment a complete copy of the LLC's written amendment.
SIG	UTAN	RE: By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.
/	1)	- /
	le	✓ I ACCEPT
		John Godina 07+/29/114
-	ature	Printed Name Date (mm/dd/yy)
KEQ		D check only one and fill in the corresponding blank if signing for an entity:
	indiv	is a manager-managed LLC and I am signing ridually as a manager or I am signing for an entity rager named: X This is a member-managed LLC and I am signing individually as a member or I am signing for an entity member named:
Filit	ig Fe	: \$25.00 (regular processing) Mail: Arizona Corporation Commission - Corporate Filings Section
Exp	edite	d processing - add \$35.00 to filing fee. 1300 W. Washington St., Phoenix, Arizona 85007
Please	be adv	ire nonrefundable - see Instructions. Fax: 602-542-4100 ised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain
All doc	ument	ual needs of your business. I filed with the Arizona Corporation Commission are public record and are open for public inspection. Justicins after reading the Instructions, please call 602-542-3026 or (within Arizona could be only a for satisfied to the control of the control

L015.001 Rev: 2010

Arizona Corporation Commission - Corporations Division Page 3 of 3



Richert beiferig

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY MANAGER STRUCTURE ATTACHMENT ENTITY NAME - give the exact name of the LLC (foreign LLCs - give name in domicile state or country): WHOLE FITNESS, LLC A.C.C. FILE NUMBER (if known): L12807637 Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations Check one box only to indicate what document the Attachment goes with: Articles of Organization Articles of Amendment Application for Registration Articles of Amendment to Application for Registration MANAGERS / MEMBERS - give the name and address of each and every manager and list all members who own 20% or more of the profits or capital of the LLC. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed - do not check both member boxes. If more space is needed, use another Manager Structure Attachment form. John Godina Name 9640 E. Golden Street Address 1 Address 2 (optional) Address 2 (aptions!) Mesa 85207 State no UNITED STATES Pravince Province Country Country 20% or more member 20% or more member ✓ Manager Less than 20% member Manager Less than 20% member Name Name Address 1 Address 1 Address 2 (optional) Address 2 (optional) City City State or Province Province Country Count 20% or more member 20% or more member Manager Less than 20% member Manager Less than 20% member Name Name Address 1 Address 1 Address 2 (optional) Address 2 (optional) City State o City State or Province Province Country Country 20% or more member 20% or more member ___ Мападег Less than 20% member

Manager

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RECORDED: 10/11/2018

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Less than 20% member

TRADEMARK REEL: 006506 FRAME: 0461