

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM580149

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
BNMIP1, LLC		03/26/2020	Limited Liability Company: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	BLUE NECTAR SPIRITS, LLC		
<b>Street Address:</b>	3300 S. DIXIE HWY, SUITE 1-778		
<b>City:</b>	WEST PALM BEACH		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33405		
<b>Entity Type:</b>	Limited Liability Company: FLORIDA		
<b>PROPERTY NUMBERS Total: 9</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4646620		
<b>Registration Number:</b>	4646619	BLUE NECTAR	
<b>Registration Number:</b>	4382139	BLUE NECTAR	
<b>Registration Number:</b>	4056888	DON MIGUELON BLUE NECTAR	
<b>Registration Number:</b>	4071147	BLUE NECTAR	
<b>Registration Number:</b>	4074457		
<b>Serial Number:</b>	88865786	BLUE NECTAR'S MADRINA	
<b>Serial Number:</b>	88842342	BLUE NECTAR'S CREADOR	
<b>Serial Number:</b>	88842337	PARADISE BRANDS LLC	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5616596313		
<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>			
<b>Phone:</b>	5616535000		
<b>Email:</b>	ip@akerman.com		
<b>Correspondent Name:</b>	Akerman LLP		
<b>Address Line 1:</b>	777 S. Flagler Dr., Ste. 1100 West Tower		
<b>Address Line 4:</b>	West Palm Beach, FLORIDA 33401		
<b>ATTORNEY DOCKET NUMBER:</b>	13006-0 0370866		

CH \$240.00 4646620

<b>NAME OF SUBMITTER:</b>	Mammen P. Zachariah, Jr.
<b>SIGNATURE:</b>	/Mammen P. Zachariah, Jr./
<b>DATE SIGNED:</b>	06/08/2020
<b>Total Attachments: 4</b> source=Change of Name#page1.tif source=Change of Name#page2.tif source=Change of Name#page3.tif source=Change of Name#page4.tif	

L20000056730

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : FOLEY & LARDNER  
Account Number : I1998000004  
Phone : (407) 423-7656  
Fax Number : (407) 648-1743

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: kajohnson@foley.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BNMIP1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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MAR 27 2020

2020 MAR 26 PM 12:10

FILED

2020 MAR 26 PM 1:12

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BNMIP1, 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 February 24, 2020 and assigned Florida document number L20000056730

This amendment is submitted to amend the following:

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

Blue Nectar Spirits, 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)

Stamp: FILED 2020 MAR 26 PM 12:10

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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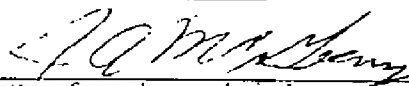
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 March 25, 2020



Signature of a member or authorized representative of a member

Patrick A. McGeeney

Typed or printed name of signee