

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM606785

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
ELEVEN TRADING, LLC		10/07/2019	Limited Liability Company: FLORIDA
RECEIVING PARTY DATA			
Name:	ILS TRADING LLC		
Street Address:	c/o Imber & Company PA		
Internal Address:	6100 Hollywood Blvd		
City:	Hollywood		
State/Country:	FLORIDA		
Postal Code:	33024		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Registration Number:	2427015	FLYPAPER	
Registration Number:	2579760	BLUEFLY	
Registration Number:	2769397	BLUEFLY	
Registration Number:	4640964	BF	
Registration Number:	4737779	BLUE FLY BF	
CORRESPONDENCE DATA			
Fax Number:	3053716807		
<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:	305-341-3000		
Email:	trademarks@pch-iplaw.com		
Correspondent Name:	PERETZ CHESAL & HERRMANN, P.L.		
Address Line 1:	SunTrust International Center		
Address Line 2:	1 S.E. 3rd Ave., Suite 1820		
Address Line 4:	Miami, FLORIDA 33131		
ATTORNEY DOCKET NUMBER:	ILS.001UST		
NAME OF SUBMITTER:	Michael B. Chesal		
SIGNATURE:	/Michael Chesal/		

CH \$140.00 2427015

DATE SIGNED:	11/04/2020
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Total Attachments: 5

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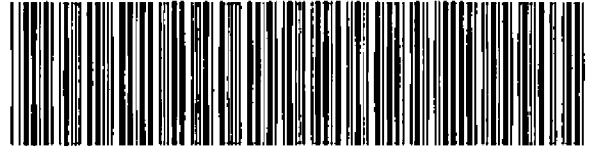
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(Requestor's Name)

(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

10/07/19--01000--018 **25.00

FILED
2019 OCT -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SULKER
OCT 25 2019

TRADEMARK
REEL: 007095 FRAME: 0314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELEVEN TRADING 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:

SHLOMI BEN-SHMUEL
Name of Person
ELEVEN TRADING LLC
Firm/Company
6100 HOLLYWOOD BLVD SUITE 515
Address
HOLLYWOOD, FL 33024
City/State and Zip Code
imber@imberandcompany.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHLOMI BEN-SHMUEL at (786) 942-5513
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

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

ELEVEN TRADING 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 11/10/2016 and assigned Florida document number L16000206969.

This amendment is submitted to amend the following:

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

ILS TRADING 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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2019 OCT -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</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
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		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

