

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM608180

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
SEQUENCE:	2		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
DIABETES LIFE COACH, LLC		05/07/2020	Limited Liability Company: KENTUCKY
RECEIVING PARTY DATA			
Name:	THRIVE365, LLC		
Street Address:	415 E Market Street		
Internal Address:	Suite 101		
City:	Louisville		
State/Country:	KENTUCKY		
Postal Code:	40202		
Entity Type:	Limited Liability Company: KENTUCKY		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4530967	THRIVE 365	
CORRESPONDENCE DATA			
Fax Number:	6152515551		
<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:	502-568-0225		
Email:	trademarks@fbtlaw.com		
Correspondent Name:	Cynthia Stewart c/o Frost Brown Todd LLC		
Address Line 1:	400 W. Market Street		
Address Line 4:	Louisville, KENTUCKY 40202		
NAME OF SUBMITTER:	Cynthia L. Stewart		
SIGNATURE:	/Cynthia L. Stewart/		
DATE SIGNED:	11/11/2020		
Total Attachments: 1			
source=3. Name Change -DIABETES LIFE COACH, LLC to THRIVE 365, LLC#page1.tif			

OP \$40.00 4530967

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AMD
Michael G. Adams
Kentucky Secretary of State
Received and Filed:
5/8/2020 12:38 PM
Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Articles of Amendment
(Limited Liability Company)

LLA

Pursuant to the provisions of KRS 14A and KRS Chapter 275, the undersigned applicant applies to amend articles and, for that purpose, submits the following statements:

1. The name of the limited liability company on record with the Office of the Secretary of State is:
Diabetes Life Coach, LLC

(Name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted: Thrive365, LLC

3. The date of adoption of each amendment was 5-7-20

4. Mark the appropriate line in the following statement for the adoption of the amendment (check only one option):
The amendment(s) was/were duly adopted by the managers or members in accordance with the articles of organization, the operating agreement of the limited liability company, or this chapter.

5. This amendment will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective cannot be prior to the date the application is filed. The effective dates is _____

6. The individual signing these articles of amendment is a (check only one): Member or Manager

Please indicate whether any of the following applies to your business ownership:
 Women Owned Veteran Owned Minority Owned

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Kirk Howell	CEO	5-7-20
Signature of Member, Manager or Authorized Party	Printed Name	Title	Date

Signature of Member, Manager or Authorized Party	Printed Name	Title	Date
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(1/20)