

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM616370

<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>
Skyline Chili, LLC		12/21/2020	Limited Liability Company: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Skyline ESM Holdings, LLC		
<b>Street Address:</b>	4180 Thunderbird Lane		
<b>City:</b>	Cincinnati		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	45014		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88338072	SKYLINE GREEK AMERICAN FOOD EST. 1949	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5132416234		
<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>	5132412324		
<b>Email:</b>	tremaklus@whe-law.com		
<b>Correspondent Name:</b>	Theodore R. Remaklus		
<b>Address Line 1:</b>	441 Vine Street		
<b>Address Line 2:</b>	2700 Carew Tower		
<b>Address Line 4:</b>	Cincinnati, OHIO 45202		
<b>ATTORNEY DOCKET NUMBER:</b>	SKY-4-122		
<b>NAME OF SUBMITTER:</b>	Theodore R. Remaklus		
<b>SIGNATURE:</b>	/theodore r remaklus/		
<b>DATE SIGNED:</b>	12/23/2020		
<b>Total Attachments: 3</b>			
source=Skyline Chili, LLC to Skyline ESM Holdings, LLC#page1.tif			
source=Skyline Chili, LLC to Skyline ESM Holdings, LLC#page2.tif			
source=Skyline Chili, LLC to Skyline ESM Holdings, LLC#page3.tif			

OP \$40.00 88338072



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/21/2020	202035605002	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	300.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

C T CORPORATION SYSTEM  
4400 EASTON COMMONS WAY  
SUITE 125  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
1734943**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**SKYLINE ESM HOLDINGS, LLC**

and, that said business records show the filing and recording of:

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: 12/21/2020

Document No(s):

**202035605002**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
21st day of December, A.D. 2020.

**Ohio Secretary of State**

Form 543A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Domestic Limited Liability Company Certificate of Amendment or Restatement

**Filing Fee: \$50**

**Form Must Be Typed**

**(CHECK ONLY ONE (1) BOX)**

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Date of Formation  
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation  
(MM/DD/YYYY)

The undersigned authorized representative of:

Name of Limited Liability Company

Registration Number

**If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.**

The name of said limited liability company shall be:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

AGM Holdings, Inc.

Signature

Kevin R. McDonnell

By (if applicable)

Kevin R. McDonnell, President

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name