

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM635266

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Blue Dolphin Group, LLC		12/29/2020	Limited Liability Company:
RECEIVING PARTY DATA			
Name:	Blue Dolphin Commerce, LLC		
Street Address:	5 High Ridge Park		
Internal Address:	2nd Floor		
City:	Stamford		
State/Country:	CONNECTICUT		
Postal Code:	06905		
Entity Type:	Limited Liability Company: CONNECTICUT		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	6147422	BLUEDOLPHIN	
CORRESPONDENCE DATA			
Fax Number:	2034033068		
<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:	203-438-6991		
Email:	lbredmehl@finchamdowns.com		
Correspondent Name:	fincham downs llc		
Address Line 1:	90 Grove St		
Address Line 2:	Suite 205		
Address Line 4:	Ridgefield, CONNECTICUT 06877		
NAME OF SUBMITTER:	Limor Bredmehl		
SIGNATURE:	/Limor Bredmehl/		
DATE SIGNED:	03/29/2021		
Total Attachments: 2			
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OP \$40.00 6147422



SECRETARY OF THE STATE

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONN...
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONN...
PHONE: 860-509-6003 WEBSITE: WWW.CORR.CONN.GOV

FILING #0007046143 PG 01 OF 01 VOL B-02649
FILED 12/29/2020 11:00 AM PAGE 01093
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

CERTIFICATE OF AMENDMENT
Limited Liability Company-DOMESTIC

C.G.S. §§34-247a; 34-247b

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

Form with sections: FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS); FILING FEE: \$120; 1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED; 2. THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION IS (CHECK A, B, C OR D) - REQUIRED; 3. FULL TEXT OF EACH AMENDMENT - REQUIRED IF 2B OR 2C IS CHECKED; 4. EXECUTION - REQUIRED.

STATE OF CONNECTICUT }
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office.

In Testimony whereof, I have hereunto set my hand
and affixed the Seal of said State, at Hartford,

this 29th day of December A.D. 2020



SECRETARY OF THE STATE

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