

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM652700

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Kaylee's LLC		01/08/2021	Limited Liability Company: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Kaylee's Culture LLC		
Street Address:	4561 Mission Gorge PI		
Internal Address:	Suite B		
City:	San Diego		
State/Country:	CALIFORNIA		
Postal Code:	92120		
Entity Type:	Corporation: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	88559856	KAYLEE'S CULTURE	
CORRESPONDENCE DATA			
Fax Number:			
<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:	(858) 480-1343		
Email:	cazareslaw@virtualipsupport.com		
Correspondent Name:	Emilio Cazares		
Address Line 1:	500 Fesler St.		
Address Line 4:	El Cajon, CALIFORNIA 92020		
NAME OF SUBMITTER:	Emilio Cazares		
SIGNATURE:	/Emilio Cazares/		
DATE SIGNED:	06/08/2021		
Total Attachments: 3			
source=Kaylee's LLC#page1.tif			
source=Amended File-Stamped Change of Name#page1.tif			
source=Kaylee's Culture LLC#page1.tif			

OP \$40.00 88559856



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

21-A14518

FILED

In the office of the Secretary of State
 of the State of California

JAN 08, 2021

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IMPORTANT — Read instructions **before completing this form.**

Filing Fee – \$20.00

Copy Fees – First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)

KAYLEE'S LLC

2. 12-Digit Secretary of State File Number **3. State, Foreign Country or Place of Organization** (only if formed outside of California)

201835110523

CALIFORNIA

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 4561 Mission Gorge Pl. Ste B	City (no abbreviations) San Diego	State CA	Zip Code 92120
b. Mailing Address of LLC, if different than item 4a 4561 Mission Gorge Pl. Ste B	City (no abbreviations) San Diego	State CA	Zip Code 92120
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 4561 Mission Gorge Pl., Ste B	City (no abbreviations) San Diego	State CA	Zip Code 92120

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b Kaylee	Middle Name Kimberly	Last Name McLaughlin	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 4204 Randolph St.	City (no abbreviations) San Diego	State CA	Zip Code 92103

6. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Kaylee	Middle Name Kimberly	Last Name McLaughlin	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 4204 Randolph St.	City (no abbreviations) San Diego	State CA	Zip Code 92103

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
 Beverages

8. Chief Executive Officer, if elected or appointed

a. First Name Kaylee	Middle Name Kimberly	Last Name McLaughlin	Suffix
b. Address 4204 Randolph St.	City (no abbreviations) San Diego	State CA	Zip Code 92103

9. The information contained herein, including any attachments, is true and correct.

01/08/2021

Emilio Cazares

Attorney

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: []

Company:

Address:

City/State/Zip: []



**Secretary of State
Amendment to Articles of
Organization of a
Limited Liability Company (LLC)**

LLC-2



IMPORTANT — Read instructions before completing this

form. Filing Fee - \$30.00

**Copy Fees - First page \$1.00, each attachment page \$0.50,
Certification Fee - \$5.00**

Note: You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process, which can be filed online at licbizfile.sos.ca.gov/SI.

Above Space For Office Use Only

1. LLC Exact Name (Enter the exact name on file with the California Secretary of State.)

KAYLEE'S LLC

2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number issued by the California Secretary of State.)

2 0 1 8 3 5 1 1 0 5 2 3

3. New LLC Name (If Amending) (See instructions -- List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State. The name must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

KAYLEE'S CULTURE LLC

4. Management (If Amending) (Select only one box)

The LLC will be managed by:

One Manager

More than One Manager

All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement.)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. Additional Amendment(s) set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-2. (All attachments should be 8 1/2 x 11, one-sided, legible and clearly marked as an attachment to this form LLC-2.)

Signature

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

Kaylee McLaughlin

Sign here

Kaylee McLaughlin

Print your name here



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

21-A70308

FILED

In the office of the Secretary of State
 of the State of California

FEB 05, 2021

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 KAYLEE'S CULTURE LLC

2. 12-Digit Secretary of State File Number 201835110523
3. State, Foreign Country or Place of Organization (only if formed outside of California)
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02/05/2021

Emilio Cazares

Attorney

Date

Type or Print Name of Person Completing the Form

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: []

Company:

Address:

City/State/Zip: []