

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM668236

<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>
Naked Wines LLC		12/14/2020	Limited Liability Company: OREGON
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Evoke Wines LLC		
<b>Street Address:</b>	1232 Wasco St.		
<b>City:</b>	Hood River		
<b>State/Country:</b>	OREGON		
<b>Postal Code:</b>	97031		
<b>Entity Type:</b>	Limited Liability Company: OREGON		
<b>PROPERTY NUMBERS Total: 21</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	90377028	EVOKE	
<b>Serial Number:</b>	87778055	COUGAR	
<b>Serial Number:</b>	87873277	ORGASMIC BAKING COMPANY	
<b>Serial Number:</b>	87873262	ORGASMIC BAKING COMPANY	
<b>Serial Number:</b>	86061636	ROOM SERVICE	
<b>Serial Number:</b>	85728455	SWEET LOVE	
<b>Serial Number:</b>	85792086	GAY	
<b>Serial Number:</b>	85728489	PICNIC TABLE PINK	
<b>Serial Number:</b>	85792067	SURE THING	
<b>Serial Number:</b>	85792093	OUTDOOR VINO	
<b>Serial Number:</b>	85161848	OUTDOOR WINO	
<b>Serial Number:</b>	85161854	TAKE IT OUTSIDE	
<b>Serial Number:</b>	77363833	SEDUCTIVE	
<b>Serial Number:</b>	77363841	CLIMAX	
<b>Serial Number:</b>	77333106	TEASE	
<b>Serial Number:</b>	77339441	MISSIONARY	
<b>Serial Number:</b>	77339434	PENETRATION	
<b>Serial Number:</b>	77339425	ESCORT	
<b>Serial Number:</b>	77339448	DOMINATRIX	
<b>TRADEMARK</b>			

OP \$540.00 90377028

Property Type	Number	Word Mark
Serial Number:	77339491	WE AIM TO TEASE
Serial Number:	77197741	ORGASMIC WINE COMPANY

**CORRESPONDENCE DATA**

**Fax Number:** 5037109613

*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.*

**Phone:** 5036291559

**Email:** docketing@brooksquinn.com

**Correspondent Name:** Hillary A. Brooks

**Address Line 1:** 6513 132ND AVE NE # 378

**Address Line 4:** Kirkland, WASHINGTON 98033

<b>ATTORNEY DOCKET NUMBER:</b>	6512.0001
<b>NAME OF SUBMITTER:</b>	Hillary A. Brooks
<b>SIGNATURE:</b>	/Hillary A. Brooks/
<b>DATE SIGNED:</b>	08/17/2021

**Total Attachments: 1**

source=Articles of Amendment#page1.tif



Article

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 -

- ARTICLES OF AMENDMENT (Complete only 1, 2, 3, 4, 5, & 6)
- ARTICLES OF DISSOLUTION (Complete 6,7, 8)

1419

FILED: DEC 29, 2020  
OREGON SECRETARY OF STATE

ny



28589299-21740510

REGISTRY NUMBER: 285892-99

EVOKE WINES LLC

AMDART

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

ARTICLES OF AMENDMENT ONLY

1. ENTITY NAME: Naked Wines LLC

2. THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY: (State the article number(s) and set forth the article(s) as it is amended to read.)

Article 1 is amended as follows: Name Evoke Wines LLC

3. PLEASE CHECK THE APPROPRIATE STATEMENT:

This amendment was adopted by the manager(s) without member action. Member action was not required.

Date of adoption of each amendment: \_\_\_\_\_

This amendment(s) was approved by the members. 100 percent of the members approved the amendment(s).

Date of adoption of each amendment: December 14, 2020

4. PRINCIPAL PLACE OF BUSINESS (Physical Street Address)

1232 Wasco Street  
Hood River, OR 97031

5. INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address)

List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.

Peter Steinfeld  
2550 Riverview Drive  
Hood River, OR 97031

ARTICLES OF DISSOLUTION ONLY

6. NAME OF LIMITED LIABILITY COMPANY: \_\_\_\_\_

7. DATE DISSOLUTION OCCURRED: \_\_\_\_\_

Future date not allowed.

8. EXECUTION: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

Peter Steinfeld

Title:

Member

CONTACT NAME: (To resolve questions with this filing)

Peter Steinfeld

PHONE NUMBER: (Include area code)

(541) 490-3026

FEES

Required Processing Fee \$100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at [sos.oregon.gov/business](http://sos.oregon.gov/business) using the Business Name Search program.