

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM699327

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
RESUBMIT DOCUMENT ID:	900655470		
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		
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:	2649241	BLUE DOLPHIN	
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:	2034386991		
Email:	limor@rowantreelaw.com		
Correspondent Name:	Rowantree law group, pllc		
Address Line 1:	90 grove street		
Address Line 2:	suite 205		
Address Line 4:	ridgefield, CONNECTICUT 06877		
ATTORNEY DOCKET NUMBER:	M201-009-02		
NAME OF SUBMITTER:	Limor n. Bredmehl		
SIGNATURE:	/Limor N. Bredmehl/		
DATE SIGNED:	01/03/2022		
Total Attachments: 2			
source=M201-009-02_Cert Amend_Name Change#page1.tif			
source=M201-009-02_Cert Amend_Name Change#page2.tif			



SECRETARY OF THE STATE

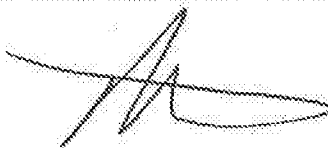
MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONN
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONN
PHONE: 860-509-6003 WEBSITE: WWW.CORR.CONN.GOV

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.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: Peggie Golger, Paralegal MAILING ADDRESS: Cohen and Wolf, P.C. 1115 Broad St. CITY: Bridgeport STATE: CT ZIP: 06604		FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST MATCH OUR CURRENT RECORDS EXACTLY WITH DESIGNATION SUCH AS L.L.C., LLC, ETC.) Blue Dolphin Group, LLC		
2. THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION IS (CHECK A, B, C OR D) - REQUIRED: <input checked="" type="checkbox"/> A. AMENDED, NAME ONLY: Blue Dolphin Commerce LLC (SPECIFY NEW NAME. MUST INCLUDE BUSINESS DESIGNATION SUCH AS: L.L.C., LLC, ETC.) <input type="checkbox"/> B. AMENDED: ANY AMENDMENTS TO THE CERTIFICATE OF ORGANIZATION. <input type="checkbox"/> C. AMENDED AND RESTATED: PROVIDE THE TEXT OF EACH AMENDMENT AND ATTACH A COMPLETE RESTATEMENT OF THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION. <input type="checkbox"/> D. RESTATED: INTEGRATION OF ALL PREVIOUS AMENDMENTS TO THE CERTIFICATE OF ORGANIZATION INTO ONE DOCUMENT. ATTACH A COMPLETE RESTATEMENT OF THE LLC'S CERTIFICATE OF ORGANIZATION.		
3. FULL TEXT OF EACH AMENDMENT - REQUIRED IF 2B OR 2C IS CHECKED: (NOTE: IF YOU ARE AMENDING THE BUSINESS NAME ONLY, COMPLETE SECTION 2A AND YOU MAY LEAVE THIS SECTION BLANK.)		
4. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT)		
DATE (MM/DD/YYYY) _____ 2020		
NAME OF SIGNATORY (print/type) Michael Borchetta	CAPACITY/TITLE OF SIGNATORY Member of sole member, M2 Media Group, LLC	SIGNATURE 

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

AG