

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM692652

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Bluefin Carpet Company, LLC		10/15/2018	Limited Liability Company:
RECEIVING PARTY DATA			
Name:	HYDRAMASTER, LLC		
Street Address:	100 S. MULRENNAN RD.		
Internal Address:	SUITE 102		
City:	VALRICO		
State/Country:	FLORIDA		
Postal Code:	33594		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Serial Number:	73296321	HYDRA MASTER	
Serial Number:	74280350	SAFECLEAN	
Serial Number:	76147977	KING COBRA	
CORRESPONDENCE DATA			
Fax Number:	8132212900		
<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:	8132213900		
Email:	ipdocket@hwlaw.com		
Correspondent Name:	STEPHEN E. KELLY, ESQ.		
Address Line 1:	101 EAST KENNEDY BOULEVARD		
Address Line 2:	SUITE 3700		
Address Line 4:	TAMPA, FLORIDA 33602		
NAME OF SUBMITTER:	STEPHEN E. KELLY		
SIGNATURE:	/Steve Kelly/		
DATE SIGNED:	12/06/2021		
Total Attachments: 5			
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bluefin Carpet Company, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Howard
Name of Person
Firm/Company
100 S. Mulrennan Rd, STE 102
Address
Valrico, FL 33594
City/State and Zip Code
jhoward@bluefin-global.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Howard at (813) 846-6735
Name of Person Area Code Daytime Telephone Number

FILED
2018 OCT 19 PM 9:34
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bluefin Carpet Company, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/31/18 and assigned Florida document number L18000208706.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

^a
Hydr~~o~~master, LLC Hydr~~o~~master LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2018 OCT 19 PM 3:24
CLERK OF CIRCUIT COURT
ALLEN COUNTY FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2018 OCT 19 PM 3:28
ALTERNATIVE DISPUTE RESOLUTION

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2018 OCT 19 PM 3:24
STATE DEPT OF REVENUE
TAX SERVICES DIVISION

FILED

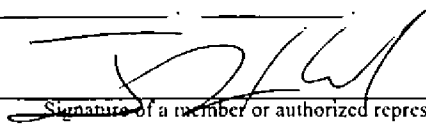
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 10/15/18



Signature of a member or authorized representative of a member

Joshua Howard

Typed or printed name of signee