

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM715424

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Mosaic International LLC		11/20/2013	Limited Liability Company:
RECEIVING PARTY DATA			
Name:	LE Holdings LLC		
Street Address:	PO Box 585		
City:	Alamo		
State/Country:	CALIFORNIA		
Postal Code:	94507		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	76269791	SMART	
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:	14155179033		
Email:	mia@mosaicbrandsinc.com		
Correspondent Name:	Mia Lynn Kaminski		
Address Line 1:	PO Box 585, Alamo		
Address Line 4:	Alamo, CALIFORNIA 94507		
NAME OF SUBMITTER:	Mia Kaminski		
SIGNATURE:	/Mia Kaminski/		
DATE SIGNED:	03/20/2022		
Total Attachments: 1			
source=LE Holdings Name Change Acceptance#page1.tif			

OP \$40.00 76269791

LLC-10

Restated Articles of Organization of a Limited Liability Company (LLC)

To restate the articles of organization of a California limited liability company, you can fill out this form, and submit for filing along with:

- A \$30 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form or document.

Upon filing, these restated articles of organization will supersede the initial articles of organization and all amendments previously filed.

Important! To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to www.sos.ca.gov/business/be/statements.htm.

Note: Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.

FILED JPH JCP
Secretary of State
State of California

NOV 20 2013

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

1 LLC's Exact Name (on file with CA Secretary of State)
Mosaic International LLC

2 LLC File No. (issued by CA Secretary of State)
200908410263

New LLC Name (Only complete Item 3 if you are changing the name of your LLC.)

3 LE Holdings LLC

Proposed LLC Name

The name must end with: "LLC," "L.L.C.," "Limited Liability Company," "Limited Liability Co.," "Ltd. Liability Co." or "Ltd. Liability Company;" and may not include: "bank," "trust," "trustee," "incorporated," "inc.," "corporation," or "corp.," "insurer," or "insurance company."

Purpose

4 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 Beverly-Killea Limited Liability Company Act.

LLC Addresses (If the LLC has not filed a Statement of Information (Form LLC-12), list the addresses exactly as listed in the original articles of organization. If the LLC has filed Form LLC-12, do not complete Item 5.)

5 a. Initial Street Address of LLC City (no abbreviations) State Zip
b. Initial Mailing Address of LLC, if different from 5a City (no abbreviations) State Zip

Service of Process (If the LLC has not filed a Statement of Information (Form LLC-12), list the name and address of the agent for service of process exactly as listed in the original articles of organization. If the LLC has filed Form LLC-12, do not complete Item 6.)

6 a. Agent's Name
b. Agent's Street Address (if agent is not a corporation) City (no abbreviations) State Zip

Management (Check only one.)

7 The LLC will be managed by:
[checked] One Manager [] More Than One Manager [] All Limited Liability Company Member(s)

Read and sign below: This form must be signed by at least one manager, unless a greater number is provided for in the Articles of Organization. If a trust, association, attorney-in-fact, or any other person not listed above is signing, go to www.sos.ca.gov/business/be/filing-tips.htm for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this document.

Mia Minnelli
Sign here Print your name here Manager
Your business title

Make check/money order payable to: Secretary of State
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944228
Sacramento, CA 94244-2280

Drop-Off
Secretary of State
1500 11th Street., 3rd Floor
Sacramento, CA 95814