

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM851895

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
RESUBMIT DOCUMENT ID:	900804854		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Levels Nutrition LLC		07/19/2021	Corporation: NEW JERSEY
RECEIVING PARTY DATA			
Name:	Levels Nutrition LLC		
Street Address:	201 N US Highway 1		
Internal Address:	Ste D10 #1020		
City:	Juniper		
State/Country:	FLORIDA		
Postal Code:	33477		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	5811995	LEVELS PERFORMANCE PROVISIONS	
Registration Number:	6134497	LEVELS	
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>			
Email:	trademark@amintalati.com		
Correspondent Name:	Ryan M. Kaiser		
Address Line 1:	549 W. Randolph St.		
Address Line 2:	Suite 400		
Address Line 4:	Chicago, ILLINOIS 60661		
NAME OF SUBMITTER:	Ryan M. Kaiser		
SIGNATURE:	/Ryan M. Kaiser/		
DATE SIGNED:	11/08/2023		
Total Attachments: 6			
source=Notice#page1.tif			
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CERTIFICATE OF CONVERSION
FOR
"OTHER BUSINESS ENTITY"
INTO
FLORIDA LIMITED LIABILITY COMPANY

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with § 605.1045 Fla. Stat. (2020).

1. The name of the "Other Business Entity" immediately prior to the filing of this Articles of Conversion is: Levels Nutrition LLC.
2. The "Other Business Entity" is a Limited Liability Company first organized under the laws of the State of New Jersey.
3. The "Other Business Entity" was formed on July 14, 2016.
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization is: Levels Nutrition LLC.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. This document becomes effective when the document is accepted and filed by Secretary of State.

Signed this July 2, 2021.

Signature of the Authorized Representative of the Limited Liability Company:

Signature: Blake Niemann
Blake Niemann, Manager

Required Signatures on behalf of the Other Business Entity:

Signature: Blake Niemann
Blake Niemann, Manager

FILED
21 JUL 19 PM 12:43
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

FOR

LEVELS NUTRITION LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

Name

The name of the Limited Liability Company is: Levels Nutrition LLC (the "Company").

ARTICLE II.

Address

The principal office and mailing address of the Company is:

201 N US Highway 1
STE D10 #1020
Jupiter, Florida 33477

RECORDED
FALLASSSEE, FLORIDA

21 JUL 19 PM 12:43

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Blake Niemann
201 N US Highway 1
STE D10 #1020
Jupiter, Florida 33477

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.

Blake Niemann (sign)

Blake Niemann

ARTICLE IV.

Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Blake Niemann 201 N US Highway 1 STE D10 #1020 Jupiter, Florida 33477

ARTICLE V.

The Effective date shall be the date of filing.

Blake Niemann (sign)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Blake Niemann

Authorized Representative/Member

RECORDED
FALLASSOCIATE, FLORIDA
21 JUL 19 PM 12: 43

State of Florida



Department of State

I certify from the records of this office that LEVELS NUTRITION LLC, is a limited liability company organized under the laws of the State of Florida, filed on July 19, 2021, with an organizational date deemed effective July 14, 2016.

The document number of this company is L21000333986.

I further certify that said company has paid all fees due this office through December 31, 2021, and its status is active.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-second day of July, 2021



CR2E022 (01-11)

Laurel M. Lee
Laurel M. Lee
Secretary of State

TRADEMARK