

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Goldman Insurance Services LLC		03/05/2012	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA			
Name:	G2 Insurance Services, LLC		
Street Address:	601 California Street, 3rd Floor		
City:	San Francisco		
State/Country:	CALIFORNIA		
Postal Code:	94108		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Serial Number:	85535265	G2	
Serial Number:	85535271	G SQUARED	
Serial Number:	85556195	G2	
CORRESPONDENCE DATA			
Fax Number:	4159891663		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	(415)391-4800		
Email:	tm@cpdb.com		
Correspondent Name:	Coblentz, Patch, Duffy & Bass, LLP		
Address Line 1:	One Ferry Building, Suite 200		
Address Line 4:	San Francisco, CALIFORNIA 94111		
NAME OF SUBMITTER:	Karen S. Frank		
Signature:	/ksf/		

OP \$90.00 85535265

Date:

09/24/2012

Total Attachments: 2

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**State of California
Secretary of State**

**LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT**

A \$30.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

MAR 06 2012

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 201125810236	2. NAME OF LIMITED LIABILITY COMPANY Goldman Insurance Services LLC			
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY. <p>A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")</p> <p>G2 Insurance Services, LLC</p> <p>B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):</p> <p><input type="checkbox"/> ONE MANAGER <input type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)</p> <p>C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:</p> <p>D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.</p>				
4. FUTURE EFFECTIVE DATE, IF ANY: <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">MONTH</td> <td style="text-align:center;">DAY</td> <td style="text-align:center;">YEAR</td> </tr> </table>		MONTH	DAY	YEAR
MONTH	DAY	YEAR		
5. NUMBER OF PAGES ATTACHED, IF ANY:				
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. <table style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;"> <p><u>Matthew W. Goldman</u> SIGNATURE OF AUTHORIZED PERSON Matthew W. Goldman, Manager TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON</p> </td> <td style="width:40%; border:none;"> <p>March <u>5</u>, 2012 DATE</p> </td> </tr> </table>		<p><u>Matthew W. Goldman</u> SIGNATURE OF AUTHORIZED PERSON Matthew W. Goldman, Manager TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON</p>	<p>March <u>5</u>, 2012 DATE</p>	
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7. RETURN TO: <table style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;"> <p>NAME FIRM ADDRESS CITY/STATE ZIP CODE</p> </td> <td style="width:40%; border:none;"> <p style="text-align:center;">}</p> <p style="text-align:center;">}</p> </td> </tr> </table>		<p>NAME FIRM ADDRESS CITY/STATE ZIP CODE</p>	<p style="text-align:center;">}</p> <p style="text-align:center;">}</p>	
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08/20/2012



I hereby certify that the foregoing transcript of _____ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

MAR 07 2012

Date: _____

Debra Bowen

DEBRA BOWEN, Secretary of State