

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM403885

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
FAM-Well, Inc.		01/01/2016	Corporation: CALIFORNIA
RECEIVING PARTY DATA			
Name:	FAM-Well, LLC		
Street Address:	227 Cereus St.		
City:	Encinitas		
State/Country:	CALIFORNIA		
Postal Code:	92024		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	4760340	RAW COLD PRESSED ORGANIC LOCAL SEASONAL	
Registration Number:	4894274	RAW COLD PRESSED LOCAL SEASONAL	
Registration Number:	4755257	FULLY LOADED	
Registration Number:	4755252	FULLY LOADED MICRO JUICERY	
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:	jmlorenzo.esq@gmail.com		
Correspondent Name:	Jayson M. Lorenzo		
Address Line 1:	2794 Gateway Road, Suite 116		
Address Line 4:	Carlsbad, CALIFORNIA 92009		
NAME OF SUBMITTER:	Jayson M. Lorenzo		
SIGNATURE:	/jlorenzo/		
DATE SIGNED:	10/31/2016		
Total Attachments: 1			
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OP \$115.00 4760340



**State of California
Secretary of State**

LLC-1A

File # _____

**Limited Liability Company
Articles of Organization - Conversion**

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

FAM-Well, LLC

2. 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 California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

One Manager

More Than One Manager

All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA City State Zip Code
227 Cereus St. CA 92024

5. Initial Mailing Address of Limited Liability Company, if different from Item 4 City State Zip Code

6. Name of Initial Agent For Service of Process (Item 6: List a California resident or a California registered corporate agent that agrees to be your initial agent for service of process in case the LLC is sued. You may list any adult who lives in California. You may not list an LLC as the agent. Item 7: If the agent is an individual, list the agent's business or residential street address in California. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.)

Jayson M. Lorenzo, Esq.

7. If an individual, Street Address of Agent for Service of Process in CA City State Zip Code
2794 Gateway Road, Suite 116 Carlsbad CA 92009

Converting Entity Information

8. Name of Converting Entity

FAM-Well, Inc.

9. Form of Entity

Corporation

10. Jurisdiction

CA

11. CA Secretary of State File Number, if any

3517702

12. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

<u>The class and number of outstanding interests entitled to vote.</u>	AND	<u>The percentage vote required of each class.</u>
Common Stock 1000 shares		100%

Forward Filing Date 01/01/2016

Additional Information

13. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

14. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person

Jacqueline S. Grad, President
Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Kevin L. Murphy, Vice President, Secretary
Type or Print Name and Title of Authorized Person