

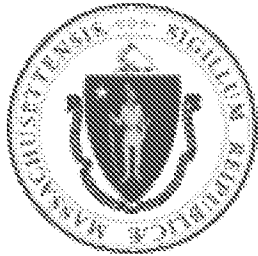
TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM423653

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Thundr LLC		01/03/2017	Limited Liability Company: MASSACHUSETTS
RECEIVING PARTY DATA			
Name:	Polygram, LLC		
Street Address:	55 Black Oak Road		
City:	Weston		
State/Country:	MASSACHUSETTS		
Postal Code:	02493		
Entity Type:	Limited Liability Company: MASSACHUSETTS		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	86463572	SNAPCASH	
CORRESPONDENCE DATA			
Fax Number:	6174430004		
<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:	6174439292		
Email:	trademarks@sunsteinlaw.com		
Correspondent Name:	Steven A Abreu		
Address Line 1:	125 Summer Street		
Address Line 4:	Boston, MASSACHUSETTS 02110		
NAME OF SUBMITTER:	Steven A Abreu		
SIGNATURE:	/Steven Abreu/		
DATE SIGNED:	04/13/2017		
Total Attachments: 3			
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source=Change of Owners Name#page3.tif			

CH \$40.00 86463572



**The Commonwealth of Massachusetts
William Francis Galvin**

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Certificate of Amendment

(General Laws, Chapter)

Identification Number: 465766749

The date of filing of the original certificate of organization: 5/28/2014

1.a. Exact name of the limited liability company: THUNDR LLC

1.b. The exact name of the limited liability company *as amended*, is: POLYGRAM, LLC

2a. Location of its principal office:

No. and Street: 55 BLACK OAK ROAD
City or Town: WESTON State: MA Zip: 02493 Country: USA

3. *As amended*, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: THOMAS C. CAREY
No. and Street: 125 SUMMER STREET
11TH FLOOR
City or Town: BOSTON State: MA Zip: 02110 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>
MANAGER	DEREK T LO	55 BLACK OAK ROAD WESTON, MA 02493 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address (no PO Box) <small>Address, City or Town, State, Zip Code</small>

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

TRADEMARK
REEL: 006034 FRAME: 0678

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	DEREK T LO	55 BLACK OAK ROAD WESTON, MA 02493 USA

9. Additional matters:

10. State the amendments to the certificate:

TO AMEND THE NAME OF THE LIMITED LIABILITY COMPANY TO POLYGRAM, LLC

11. The amendment certificate shall be effective when filed unless a later effective date is specified:

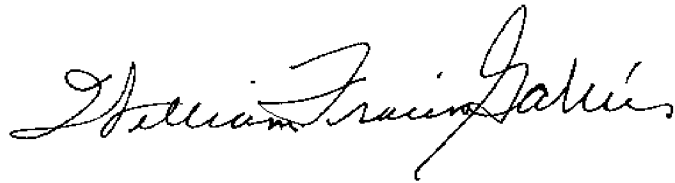
**SIGNED UNDER THE PENALTIES OF PERJURY, this 3 Day of January, 2017,
THOMAS C. CAREY , Signature of Authorized Signatory.**

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THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

January 03, 2017 04:21 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth