

900430421 11/30/2017

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

ETAS ID: TM452759

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Winkler Plastic, LLC		03/13/2014	Limited Liability Company: CALIFORNIA

RECEIVING PARTY DATA	
Name:	Nuconic Packaging, LLC
Street Address:	4889 Loma Vista Avenue
City:	Vernon
State/Country:	CALIFORNIA
Postal Code:	90058
Entity Type:	CALIFORNIA limited liability company

PROPERTY NUMBERS Total: 1		
Property Type	Number	Word Mark
Registration Number:	3353360	WINPLAST

CORRESPONDENCE DATA
 Fax Number:
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.
 Phone: 310.553.3610
 Email: nshabani@greenbergglusker.com
 Correspondent Name: Natasha Shabani
 Address Line 1: 1900 Avenue of the Stars, 21st Floor
 Address Line 4: Los Angeles, CALIFORNIA 90067

NAME OF SUBMITTER:	Natasha Shabani
SIGNATURE:	/natashashabani/
DATE SIGNED:	11/30/2017

Total Attachments: 2
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CH \$40.00 3353360

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LLC-2

Amendment to Articles of Organization of a Limited Liability Company (LLC)

To change information of record for your California LLC, 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.
- To file this form, the status of your LLC must be active on the records of the California Secretary of State...

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).

Items 4-6: Only fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.

FILED DW
Secretary of State
State of California

MAR 13 2014

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)

WINKLER PLASTIC, LLC

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

200824910323

Purpose

3 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.

New LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

4 NUCONIC PACKAGING, LLC

Proposed LLC Name

The proposed new name must include: 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.

Management (Check only one.)

5 The LLC will be managed by:

One Manager

[checked] More Than One Manager

All Limited Liability Company Member(s)

Amendment to Text of the Articles of Organization (List both the current text, and the text as amended by this filing.)

6

Read and sign below: Unless a greater number is provided for in the Articles of Organization, this form must be signed by at least one manager, if the LLC is manager-managed or at least one member, if the LLC is member-managed.

Sign here

ALAN FRANZ

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

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Continuation of faint, illegible text in the middle-right section.



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 19 2014 *[Handwritten initials]*

Date: _____

[Handwritten signature]
DEBRA BOWEN, Secretary of State