

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM493759

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Lund Van Dyke, LLC		01/11/2016	Limited Liability Company: WISCONSIN
RECEIVING PARTY DATA			
Name:	Caravel Autism Health, LLC		
Street Address:	1575 Allouez Avenue		
City:	Green Bay		
State/Country:	WISCONSIN		
Postal Code:	54311		
Entity Type:	Limited Liability Company: WISCONSIN		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	5106181	CARAVEL AUTISM HEALTH	
CORRESPONDENCE DATA			
Fax Number:	2123553333		
<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:	2128138800		
Email:	SAllirampersad@goodwinlaw.com		
Correspondent Name:	GOODWIN PROCTER LLP		
Address Line 1:	620 Eighth Avenue		
Address Line 4:	New York, NEW YORK 10018		
ATTORNEY DOCKET NUMBER:	139368.279187		
NAME OF SUBMITTER:	Shaleena Alli-Rampersad/Paralegal		
SIGNATURE:	/Shaleena Alli-Rampersad/		
DATE SIGNED:	10/12/2018		
Total Attachments: 4			
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OP \$40.00 5106181



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department.

A handwritten signature in cursive script that reads "Mary Ann McCoshen".

MARY ANN McCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DATE: SEP 13 2018

BY: A handwritten signature in cursive script that reads "Joel E. King".



FORM **504**

**Limited Liability Company
Articles of Amendment**

Chapter 183.0203 Wis. Stats.

1. Name of limited liability company: Lund Van Dyke, LLC

2. The Text of Amendment to the articles of organization amends:

Name of Limited Liability Company: Caravel Autism Health, LLC
(New Name of LLC)

Street address of the Registered Office: _____
(Street Address)

(City, State and Zip Code)

Name of the Registered Agent at that office: _____
(Name)

The Management of the Limited Liability Company: Vested in Members Vested in Managers

3. Amendment(s) to the Articles of Organization was adopted by the vote required under s. 183.0404 (2). Yes No

4. This document was drafted by: Attorney Cynthia Caine Treleven

5. This document was executed on behalf of the limited liability company on: 01/04/2016
(MM/DD/YYYY)

Mike Miller
(Print name of individual who executed)

Check one title: Manager Member Attorney-in Fact

[Signature]
(Signature of individual who executed)

Submit this form along with the non-refundable filing fee of \$40.00 to the address listed below. Make remittance payable to the Department of Financial Institutions. Optional expedited service: The non-refundable expedited service fee of \$25.00 is in addition to the filing fee required for this document to be processed, and provides the document will be processed in an expeditious manner. For answers to frequently asked questions, please see: Form 504 Instructions

This form may be used to accomplish a filing with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Mailing Address:
State of WI – Dept. of Financial Institutions
Box 93348
Milwaukee WI 53293-0348

Physical Address for Express Mail/Courier:
Department of Financial Institutions
Division of Corporate & Consumer Services
201 W. Washington Ave – Suite 300
Madison WI 53703

Contact Information
Phone: 608-261-7577
Web: www.wdfl.org
TTY: 711



DFI/CORP/504 (09/15)





State of Wisconsin
 DEPARTMENT OF FINANCIAL INSTITUTIONS
 Division of Corporate & Consumer Services

FILING FEE \$40.00
 OPTIONAL EXPEDITED SERVICE + - \$25.00

OPTIONAL

6. State the delayed effective date of the articles of amendment under s. 183.0111(2).

This document has a delayed effective date of: 01/11/2016
 (MM/DD/YYYY)

7. Contact information:

Attorney Cynthia Caine Treleven	(920) 435-9393
(Name)	(Phone Number)
222 Cherry Street	ctreleven@titletownlaw.com
(Address)	(Email Address)
Green Bay, WI 54301-4223	
(City, State and Zip Code)	

SAVE TIME AND MONEY!
SUBMIT YOUR
AMENDMENT ONLINE AT
www.wdfi.org

Submit this form along with the non-refundable filing fee of \$40.00 to the address listed below. Make remittance payable to the Department of Financial Institutions.
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 Web: www.wdfi.org
 TTY: 711

OFFICE USE ONLY





For Office



State of Wisconsin
Department of Financial Institutions

Endorsement

ARTICLES OF AMENDMENT - LIMITED LIABILITY COMPANY - Ch. 183

LUND VAN DYKE, LLC

Received Date: 1/5/2016

Filed Date: 1/12/2016

Filing Fee: \$40.00

Expedited Fee: \$25.00

Total Fee: \$65.00

Entity ID#: A061591

FILING #1 OF 2

EFFECTIVE DATE: JANUARY 11, 2016

CHANGES ENTITY NAME