

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM504797

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Pandera Systems, PLLC		04/29/2014	Professional Limited Liability Company:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Pandera Systems, LLC		
<b>Street Address:</b>	225 E Robinson St, Suite 660		
<b>City:</b>	Orlando		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	32801		
<b>Entity Type:</b>	Limited Liability Company: FLORIDA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4272139	PANDERA	
<b>Registration Number:</b>	4351884	ENTERPRISE DECISION AUTOMATION	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	8007261491		
<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>			
<b>Phone:</b>	8139258505		
<b>Email:</b>	trademarks@smithhopen.com		
<b>Correspondent Name:</b>	Smith & Hopen, P. A.		
<b>Address Line 1:</b>	180 Pine Ave. N.		
<b>Address Line 4:</b>	Oldsmar, FLORIDA 34677		
<b>NAME OF SUBMITTER:</b>	Anton J. Hopen		
<b>SIGNATURE:</b>	/anton j hopen/		
<b>DATE SIGNED:</b>	01/07/2019		
<b>Total Attachments: 3</b>			
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source=Articles of Amendment-as filed#page2.tif			
source=Articles of Amendment-as filed#page3.tif			

OP \$65.00 4272139

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**PANDERA SYSTEMS, PLLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/24/2009 and assigned Florida document number L09000122105.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PANDERA SYSTEMS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

*(Principal office address MUST BE A STREET ADDRESS)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City Zip Code

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 MAY -2 AM 9:36

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 29, 2014

*Rouselle A. Sutton, III*

Signature of a member or authorized representative of a member

ROUSELLE A. SUTTON, III

Typed or printed name of signee

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Filing Fee: \$25.00

FILED  
14 MAY -2 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA