

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM505126

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
CHEMWARE, LLC		01/02/2019	Limited Liability Company: WISCONSIN
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Horizon Lab Systems, LLC		
<b>Street Address:</b>	215 N Water Street, Suite 300		
<b>City:</b>	Milwaukee		
<b>State/Country:</b>	WISCONSIN		
<b>Postal Code:</b>	53202		
<b>Entity Type:</b>	Limited Liability Company: WISCONSIN		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	1850555	HORIZON	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4142770656		
<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>	4142716560		
<b>Email:</b>	mkeipdocket@michaelbest.com		
<b>Correspondent Name:</b>	Michael Best & Friedrich LLP		
<b>Address Line 1:</b>	100 E. Wisconsin Avenue, Suite 3300		
<b>Address Line 4:</b>	Milwaukee, WISCONSIN 53202		
<b>ATTORNEY DOCKET NUMBER:</b>	024073-9070-001 (US00)		
<b>NAME OF SUBMITTER:</b>	Laura M. Konkel		
<b>SIGNATURE:</b>	/Laura M. Konkel/		
<b>DATE SIGNED:</b>	01/09/2019		
<b>Total Attachments: 3</b>			
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source=Certified Articles of Amendment Horizon Lab Systems#page2.tif			
source=Certified Articles of Amendment Horizon Lab Systems#page3.tif			

OP \$40.00 1850555



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

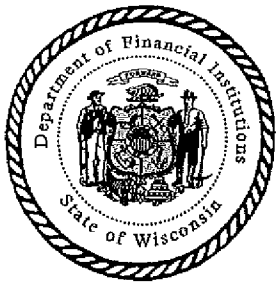
I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and 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

BY: A handwritten signature in cursive script that appears to read "Bob Hg".



DATE: JAN - 7 2019



# Corporations Bureau

## Form 504 - Limited Liability Company Articles of Amendment

**Name of Limited Liability Company**

Entity Name or Entity Id: CHEMWARE, LLC  
Entity ID: C086585

**Entity Name Amendment**

The text of the amendment to the articles of organization amends the name of limited liability company: Yes

The Name of the LLC is amended to be: Horizon Lab Systems, LLC

**Registered Agent Name Amendment**

The text of the amendment to the articles of organization amends the name of the Registered Agent: No

The Registered Agent name is amended to:

Name of Entity:

**Registered Agent Address Amendment**

The text of the amendment to the articles of organization amends the street address of the Registered Agent. No

The Registered Agent address is amended to:

Street Address:

Address 2:

City:

State:

Zip Code:

**Management Change**

The text of the amendment to the articles of organization amends the management of the Limited Liability Company: No

The management of the limited liability company is: (left blank)

**Adoption**

Amendment(s) to the Articles of Organization was adopted by the vote required under s. 183.0404 (2). Yes

**Drafter**

This document was drafted by: Robert J. Johannes, Esq.

**Signature**

Title: Manager

Date: 01/02/2019

I understand that checking this box constitutes a legal signature: Yes

Signatory's Name: Cynthia A. LaConte

**Delayed Effective Date (Optional)**

This document will be effective on the date it is received by the department unless a delayed (future) date is included here.

(Optional) This document has a delayed effective date of: 01/07/2019

**Contact Information (Optional)**

Name: Kelly Teelin, Michael Best & Friedrich LLP

Address: PO Box 1806

City: Madison

State: WI

Zip Code: 53701

Phone Number: 608-257-3501

Email Address: kateelin@michaelbest.com

**Endorsement**

FILED

Received Date: 01/04/2019