

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM605517

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Rockbridge IP Holdings, LLC		10/27/2020	Limited Liability Company:
RECEIVING PARTY DATA			
Name:	RB-MKR IP Holdings, LLC		
Street Address:	4100 Regent Street		
Internal Address:	Suite G		
City:	Columbus		
State/Country:	OHIO		
Postal Code:	43219		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 7			
Property Type	Number	Word Mark	
Serial Number:	88466576	ELEVATED ROOFTOP BAR	
Serial Number:	87896894	ELEVATED ROOFTOP LOUNGE	
Serial Number:	87893288	ELEVATED ROOFTOP LOUNGE	
Serial Number:	87405875	GEAR GARAGE	
Serial Number:	87121706	B & G C	
Serial Number:	86929768	B&GC	
Serial Number:	86469756	HALCYON	
CORRESPONDENCE DATA			
Fax Number:	3192867050		
<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:	319-286-7000		
Email:	ptomail@nyemaster.com		
Correspondent Name:	Nyemaster Goode, PC		
Address Line 1:	625 First Street SE		
Address Line 2:	Suite 400		
Address Line 4:	Cedar Rapids, IOWA 52401		
NAME OF SUBMITTER:	Ryan N. Carter		
SIGNATURE:	/Ryan N. Carter/		

OP \$190.00 88466576

DATE SIGNED:	10/28/2020
Total Attachments: 3 source=Certificate_of_Amendment#page1.tif source=Certificate_of_Amendment#page2.tif source=Certificate_of_Amendment#page3.tif	



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
10/27/2020	202030002182	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

ROCKBRIDGE CAPITAL, LLC
4100 REGENT STREET, SUITE G
COLUMBUS, OH 43219

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
4297863

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
RB-MKR IP HOLDINGS, LLC

and, that said business records show the filing and recording of:

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT
Effective Date: 10/26/2020

Document No(s):

202030002182



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
27th day of October, A.D. 2020.

Ohio Secretary of State



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

Name of Limited Liability Company

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

 , Authorized Signer

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name