

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM699647

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Bentley's Franchising, LLC		05/20/2021	Limited Liability Company: FLORIDA
RECEIVING PARTY DATA			
Name:	Pet Stuff Franchising, LLC		
Street Address:	16471 Bruniston Drive		
City:	Tampa		
State/Country:	FLORIDA		
Postal Code:	33647		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	6046616	DEE-O-GEE	
Registration Number:	4981750	DEE-O-GEE WHERE EVERY DAY IS A DOG DAY	
Registration Number:	3598332	DEE-O-GEE A NATURAL PET STORE	
Registration Number:	6047668	WHERE EVERYDAY IS A DOG DAY	
CORRESPONDENCE DATA			
Fax Number:	5032202480		
<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:	503-294-9584		
Email:	lisa.davis@stoel.com		
Correspondent Name:	Anne W. Glazer / Stoel Rives LLP		
Address Line 1:	760 SW Ninth Avenue, Suite 3000		
Address Line 4:	Portland, OREGON 97205		
ATTORNEY DOCKET NUMBER:	43958-2		
NAME OF SUBMITTER:	Lisa M. Davis, Paralegal		
SIGNATURE:	/lisamdavis/		
DATE SIGNED:	01/04/2022		
Total Attachments: 3			
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bentley's Franchising, LLC

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

FILED 2021 MAY 21 PM 6:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/26/2021 and assigned Florida document number L21000024136

This amendment is submitted to amend the following:

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

Pet Stuff Franchising, LLC

The new name must be distinguishable and contain 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

City, Florida Zip Code

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	NGF Holdings Inc.	16461 Bruniston Drive	<input type="checkbox"/> Add
		Tampa, FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Pet Stuff America, LLC	1209 Orange Street	<input checked="" type="checkbox"/> Add
		Wilmington, DE 19801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 20th, 2021

Signature of a member or authorized representative of a member

Giovanni Senafe, Authorized Representative

Typed or printed name of signer

FILED 2021 MAY 21 PM 6:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA