

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM800672

<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>
HEARTLAND CONSUMER PRODUCTS, LLC		09/13/2019	Limited Liability Company: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Burning River Games, LLC		
<b>Street Address:</b>	18657 Hunters Pointe Dr.		
<b>City:</b>	Strongsville		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44136		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3232330	VEGAS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2163639000		
<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>	216-363-9132		
<b>Email:</b>	uspto@faysharpe.com		
<b>Correspondent Name:</b>	Colleen Flynn Goss		
<b>Address Line 1:</b>	1228 Euclid Avenue		
<b>Address Line 2:</b>	The Halle Building, 5th Floor		
<b>Address Line 4:</b>	Cleveland, OHIO 44115		
<b>ATTORNEY DOCKET NUMBER:</b>	HERT500008US01		
<b>NAME OF SUBMITTER:</b>	Colleen Flynn Goss		
<b>SIGNATURE:</b>	/colleenfgoss/		
<b>DATE SIGNED:</b>	04/05/2023		
<b>Total Attachments: 3</b>			
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source=201925901332#page3.tif			

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/16/2019	201925901332	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

**Receipt**

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

BENESCH FRIEDLANDER  
ATTN: CLAUDIA TALLER  
200 PUBLIC SQUARE, SUITE 2300  
CLEVELAND, OH 44114

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
1800628

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**BURNING RIVER GAMES, LLC**

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

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: 09/13/2019

Document No(s):

**201925901332**



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  
16th day of September, A.D. 2019.

**Ohio Secretary of State**

Form 543A Prescribed by:



Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:
Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216
Expedite Filing (Two business day processing time. Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

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
[X] Amendment (129-LAM)
08/18/2008
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:
HEARTLAND CONSUMER PRODUCTS, LLC
Name of Limited Liability Company
1800628
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:
Burning River Games, LLC

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

RECEIVED
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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.

*Thomas J. Donelan*  
Signature

By (if applicable)

Tom Donelan  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name