# OP \$40.00 3339447

#### TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 ETAS ID: TM810800

Stylesheet Version v1.2

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

#### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Eileen M. Burkhart & Co. LLC		10/04/2021	Limited Liability Company: OHIO

#### **RECEIVING PARTY DATA**

Name:	EMB & Co. LLC
Street Address:	2485 Fairmount Blvd., Suite D
City:	Cleveland Heights
State/Country:	ОНЮ
Postal Code:	44106
Entity Type:	Limited Liability Company: OHIO

#### **PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Registration Number:	3339447	YOUR STRATEGIC PARTNER IN WEALTH MANAGEM

#### CORRESPONDENCE DATA

Fax Number:

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.

**Phone:** 19842208745

**Email:** emhaas@michaelbest.com

Correspondent Name: Emily Michele Haas

Address Line 1:4509 Creedmoor Road, Suite 501Address Line 4:Raleigh, NORTH CAROLINA 27612

NAME OF SUBMITTER:	Emily M. Haas
SIGNATURE:	/Emily M. Haas/
DATE SIGNED:	05/16/2023

**Total Attachments: 3** 

source=Name Change Amendment#page1.tif source=Name Change Amendment#page2.tif source=Name Change Amendment#page3.tif

> TRADEMARK REEL: 008074 FRAME: 0239

900773220



DATE 10/04/2021

Document(s)

DOCUMENT ID 202127702402

DESCRIPTION LIMITED LIABILITY COMPANY - AMENDMENT (LAM) FILING 50.00 EXPED 0.00 CERT COPY 0.00 0.00

Receipt

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

TURNER WELO LLC 100 PARK PLACE SUITE 150 CHAGRIN FALLS, OH 44022

## STATE OF OHIO CERTIFICATE

# Ohio Secretary of State, Frank LaRose

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

EMB & CO. LLC

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

T TRATECTOR T TAIDTE TORK COARDANIS AND AND A ADMINISTRA

Document No(s):

LIMITED LIABILITY COMPANY - AMENDMENT Effective Date: 10/04/2021 202127702402

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 4th day of October, A.D. 2021.

**Ohio Secretary of State** 

Ful Lan

TRADEMARK REEL: 008074 FRAME: 0240 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

(2) Domestic Limited Liability Company

### 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)	Restatement (142-LRA)
03/25/2002	MM/DD/YYYY
Date of Formation	Date of Formation
(MM/DD/YYYY)	(MM/DD/YYYY)
The undersigned authorized representative of:	
EILEEN M. BURKHART & CO. LLC	
Name of Limited Liability Company	
1308054	
Registration Number	
If box (1) Amendment is checked, only complete sectio sections below must be completed.	ns that apply. If box (2) Restatement is checked, all
The name of said limited liability company shall be:	
EMB & Co. LLC	
Name must include one of the following words or abbrev "ltd." or "ltd"	iations: "limited liability company," "limited," "LLC," "L.L.C.,"
This limited liability company shall exist for a period of:	Period of Existence
Purpose	

**TRADEMARK** /2019 **REEL: 008074 FRAME: 0241** 

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	/s/ Miles P. Welo	
Must be signed by a member, manager or other	Signature	
representative.	Auhtorized Representative	
If authorized representative is an individual, then they must sign in the "signature"	By (if applicable)	
box and print their name	Miles P. Welo	
in the "Print Name" box.	Print Name	
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.	Signature  By (if applicable)  Print Name	
	Signature  By (if applicable)  Print Name	

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