

**TRADEMARK ASSIGNMENT COVER SHEET**

Electronic Version v1.1  
 Stylesheet Version v1.2

ETAS ID: TM362075

<b>SUBMISSION TYPE:</b>		NEW ASSIGNMENT	
<b>NATURE OF CONVEYANCE:</b>		CHANGE OF NAME	
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<del>Formerly</del>	<b>Execution Date</b>	<b>Entity Type</b>
<del>QUADRUM MIAMI BEACH, LLC</del> INSITE MIAMI BEACH, LLC	<del>FORMERLY INSITE MIAMI BEACH, LLC</del>	10/06/2014	LIMITED LIABILITY COMPANY
BEACH, LLC			
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	QUADRUM MIAMI BEACH, LLC		
<b>Doing Business As:</b>	NAUTILUS		
<b>Street Address:</b>	407 LINCOLN ROAD, STE 304		
<b>City:</b>	MIAMI BEACH		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33139		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: FLORIDA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	85919771	NAUTILUS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>Email:</b>	MINAD@INSITEUS.COM		
<b>Correspondent Name:</b>	MINA DOBLMEIER		
<b>Address Line 1:</b>	910 SE 17TH STREET, STE 400		
<b>Address Line 4:</b>	FORT LAUDERDALE, FLORIDA 33316		
<b>ATTORNEY DOCKET NUMBER:</b>	NAUTILUS		
<b>NAME OF SUBMITTER:</b>	MINA DOBLMEIER		
<b>SIGNATURE:</b>	/MD/		
<b>DATE SIGNED:</b>	11/12/2015		
<b>Total Attachments: 5</b>			
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

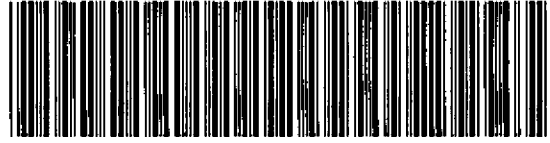
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: INSITE MIAMI BEACH, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MINA DOBLMEIER**

Name of Person

**INSITE GROUP**

Firm/Company

**1825 MAIN STREET, STE 235**

Address

**WESTON, FL 33326**

City/State and Zip Code

**minad@insiteus.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MINA DOBLMEIER**

Name of Person

**954**

at ( )

Area Code

**358-6800**

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**INSITE MIAMI BEACH, LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 03/24/2011 and assigned Florida document number L11000035717.

This amendment is submitted to amend the following:

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

**QUADRUM MIAMI BEACH, LLC**

The new name must be distinguishable and end with 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

\_\_\_\_\_, Florida

City

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TALLAHASSEE, FLORIDA  
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**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**

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title                      Name                      Address                      Type of Action

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

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

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 3, 2014

*Mina Doblmeier*

Signature of a member or authorized representative of a member

**MINA DOBLMEIER**

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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