

**TRADEMARK ASSIGNMENT COVER SHEET**

Electronic Version v1.1  
 Stylesheet Version v1.2

ETAS ID: TM543679

<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>
Skywater Properties, LLC		09/16/2019	Limited Liability Company: <del>UNITED STATES</del> <u>OHIO</u>
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	TRURIDGE, LLC		
<b>Street Address:</b>	445 W. Liberty St.,		
<b>Internal Address:</b>	Suite 215		
<b>City:</b>	Medina		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44256		
<b>Entity Type:</b>	Limited Liability Company: <del>UNITED STATES</del> <u>OHIO</u>		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88612147	TRURIDGE	
<b>Serial Number:</b>	88443247	EASTELM	
<b>Serial Number:</b>	88386396	FOLLIO	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2128084155		
<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>	2127846939		
<b>Email:</b>	ip@sh-law.com		
<b>Correspondent Name:</b>	William R. Samuels		
<b>Address Line 1:</b>	3 Park Ave		
<b>Address Line 2:</b>	15TH floor		
<b>Address Line 4:</b>	New York, NEW YORK 10016		
<b>ATTORNEY DOCKET NUMBER:</b>	14539.1000		
<b>NAME OF SUBMITTER:</b>	William R. Samuels		
<b>SIGNATURE:</b>	/William R. Samuels/		
<b>DATE SIGNED:</b>	10/03/2019		
<b>Total Attachments: 3</b>			

CH \$90.00 88612147

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source=TruRidge, LLC Articles of Organization 9-16-19#page2.tif  
source=TruRidge, LLC Articles of Organization 9-16-19#page3.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/17/2019	201926000402	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	100.00	0.00	0.00

**Receipt**

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

NSI  
MARINA REEL  
145 BAKER STREET  
MARION, OH 43302

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
**2271370**

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

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

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: 09/16/2019

Document No(s):

**201926000402**



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  
17th 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.

RECEIVED

Domestic Limited Liability Company Certificate of Amendment or Restatement
Filing Fee: \$50
Form Must Be Typed

SEP 16 2019

OHIO SECRETARY OF STATE

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company
[X] Amendment (129-LAM)
02/21/2014
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:

Skywater Properties, LLC

Name of Limited Liability Company

2271370

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:

TruRidge, 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

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.

Craig Sturgill

Signature

By (if applicable)

Craig Sturgill

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name