

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM555821

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Strauss Medizintechnik, L.L.C.		09/13/2010	Limited Liability Company: FLORIDA
RECEIVING PARTY DATA			
Name:	Strauss Surgical, L.L.C.		
Street Address:	3020 NW 82nd Ave		
City:	Doral		
State/Country:	FLORIDA		
Postal Code:	33122		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4469376	STRAUSS SURGICAL	
CORRESPONDENCE DATA			
Fax Number:			
<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>			
Email:	antonio@endosco피아.com		
Correspondent Name:	Strauss Surgical, LLC		
Address Line 1:	3020 NW 82nd Ave		
Address Line 4:	Doral, FLORIDA 33122		
NAME OF SUBMITTER:	Antonio Nava Verastegui		
SIGNATURE:	/Antonio Nava Verastegui/		
DATE SIGNED:	01/03/2020		
Total Attachments: 4			
source=ConvertTiffToPDF#page1.tif			
source=ConvertTiffToPDF#page2.tif			
source=ConvertTiffToPDF#page3.tif			
source=ConvertTiffToPDF#page4.tif			

OP \$40.00 4469376

L100000095634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

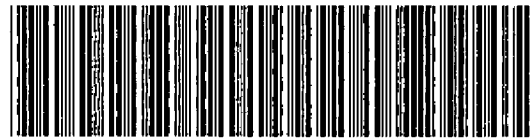
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600237661936

07/20/12--01013--010 **25.00

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12 JUL 20 PM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 23 2012

TRADEMARK
EXAMINER
REEL: 006843 FRAME: 0433

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STRAUSS OPTIKS, L.L.C.
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:

Charles Bourland
Name of Person

Strauss Optiks, LLC
Firm/Company

3020 NW 82 Avenue
Address

Miami, FL 33122
City/State and Zip Code

kathy@endoscopia.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Gonzalez at (**305**) **436-0599**
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUL 20 PM 8:10
FILED

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**

STRAUSS OPTIKS, L.L.C.

(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 Sept 13, 2010 and assigned Florida document number L10000095634.

This amendment is submitted to amend the following:

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

STRAUSS MEDIZINTECHNIK, L.L.C.

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)

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12 JUL 29 PM 6:10
CLERK OF STATE
TALLAHASSEE FLORIDA

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

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 608, 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

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

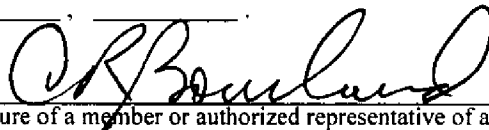
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

12 JUL 20 PM 8:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

Dated _____



Signature of a member or authorized representative of a member

Charles Bourland

Typed or printed name of signee