

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM573425

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|---|--|-----------------------|---|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | CHANGE OF NAME | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Full Circle Gear LLC | | 02/18/2020 | Limited Liability Company: CONNECTICUT |
| RECEIVING PARTY DATA | | | |
| Name: | Full Circle Gear Distributors LLC | | |
| Street Address: | 425 Fairfield Avenue, Suite 424 | | |
| City: | Stamford | | |
| State/Country: | CONNECTICUT | | |
| Postal Code: | 06902 | | |
| Entity Type: | Limited Liability Company: CONNECTICUT | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Serial Number: | 88693720 | SATURN | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 8573004001 | | |
| <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> | | | |
| Phone: | 857-300-4000 | | |
| Email: | internalip@lathrogpm.com | | |
| Correspondent Name: | Gordon R. Moriarty | | |
| Address Line 1: | 28 State Street | | |
| Address Line 4: | Boston, MASSACHUSETTS 02109-1775 | | |
| NAME OF SUBMITTER: | Gordon R. Moriarty | | |
| SIGNATURE: | / Gordon R. Moriarty / | | |
| DATE SIGNED: | 04/24/2020 | | |
| Total Attachments: 1 | | | |
| source=FCG LLC name change#page1.tif | | | |

CH \$40.00 88693720



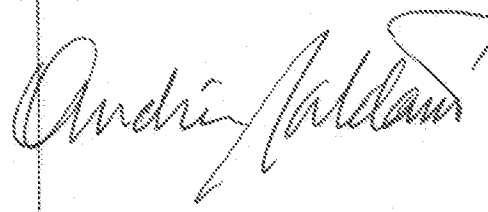
SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 160476, HARTFORD, CT 06116-0476
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06103
PHONE: 860-509-8003 WEBSITE: WWW.CONCORD-STATE.CT.GOV

CERTIFICATE OF AMENDMENT Limited Liability Company-DOMESTIC

C.G.S. §§34-247a, 34-247b

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8" X 11 SHEETS IF NECESSARY.

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| FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: Melissa Fraser MAILING ADDRESS: c/o Sheehan Phinney Bass & Green PA 2 Eagle Square CITY: Concord STATE: New Hampshire ZIP: 03301 | | FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE" |
| 1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST MATCH OUR CURRENT RECORDS EXACTLY WITH DESIGNATION SUCH AS L.L.C., LLC, ETC.) Full Circle Gear LLC | | |
| 2. THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION IS (CHECK A, B, C OR D) - REQUIRED: <input checked="" type="checkbox"/> A. AMENDED, NAME ONLY: Full Circle Gear Distributors LLC (SPECIFY NEW NAME MUST INCLUDE BUSINESS DESIGNATION SUCH AS: L.L.C., LLC, ETC.) <input type="checkbox"/> B. AMENDED: ANY AMENDMENTS TO THE CERTIFICATE OF ORGANIZATION. <input type="checkbox"/> C. AMENDED AND RESTATED: PROVIDE THE TEXT OF EACH AMENDMENT AND ATTACH A COMPLETE RESTATEMENT OF THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION. <input type="checkbox"/> D. RESTATED: INTEGRATION OF ALL PREVIOUS AMENDMENTS TO THE CERTIFICATE OF ORGANIZATION INTO ONE DOCUMENT. ATTACH A COMPLETE RESTATEMENT OF THE LLC'S CERTIFICATE OF ORGANIZATION. | | |
| 3. FULL TEXT OF EACH AMENDMENT - REQUIRED IF 2B OR 2C IS CHECKED: (NOTE: IF YOU ARE AMENDING THE BUSINESS NAME ONLY, COMPLETE SECTION 2A AND YOU MAY LEAVE THIS SECTION BLANK.) | | |
| 4. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT) | | |
| DATE (MM/DD/YYYY) <u>2/18/2020</u> | | |
| NAME OF SIGNATORY (print type) Andres F. Saldana | CAPACITY/TITLE OF SIGNATORY Secretary | SIGNATURE  |