

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM760935

|  |                                 |                         |                                    |
|--|---------------------------------|-------------------------|------------------------------------|
| <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>                 |
| Wholesale Supplies Plus, LLC   |                                 | 07/14/2022              | Limited Liability Company:<br>OHIO |
| <b>RECEIVING PARTY DATA</b>  |                                 |                         |                                    |
| <b>Name:</b>   | IndiMade Brands LLC             |                         |                                    |
| <b>Street Address:</b>   | 7820 E. Pleasant Valley Road    |                         |                                    |
| <b>City:</b>   | Independence                    |                         |                                    |
| <b>State/Country:</b>  | OHIO                            |                         |                                    |
| <b>Postal Code:</b>  | 44131                           |                         |                                    |
| <b>Entity Type:</b>  | Limited Liability Company: OHIO |                         |                                    |
| <b>PROPERTY NUMBERS Total: 15</b>  |                                 |                         |                                    |
| <b>Property Type</b>   | <b>Number</b>                   | <b>Word Mark</b>        |                                    |
| <b>Serial Number:</b>  | 97558282                        | CRAFTER'S CHOICE        |                                    |
| <b>Serial Number:</b>  | 97440669                        | INDIMADE BRANDS         |                                    |
| <b>Serial Number:</b>  | 88069520                        | BALANCE & BUBBLES       |                                    |
| <b>Serial Number:</b>  | 86400417                        | CRAFTER'S CHOICE        |                                    |
| <b>Serial Number:</b>  | 76283623                        | CRAFTER'S CHOICE        |                                    |
| <b>Serial Number:</b>  | 76393984                        | CRAFTER'S CHOICE        |                                    |
| <b>Serial Number:</b>  | 88440299                        | ELEMENTS BATH AND BODY  |                                    |
| <b>Serial Number:</b>  | 87589955                        | FRAGRANCE FORMULATOR    |                                    |
| <b>Serial Number:</b>  | 85832676                        | HANDMADE                |                                    |
| <b>Serial Number:</b>  | 87589880                        | HANDMADE STORES         |                                    |
| <b>Serial Number:</b>  | 86400287                        | HANDMADE STUDIO         |                                    |
| <b>Serial Number:</b>  | 86400397                        | LEARN CREATE SHARE      |                                    |
| <b>Serial Number:</b>  | 88067389                        | MILKY WAY               |                                    |
| <b>Serial Number:</b>  | 87589859                        | W                       |                                    |
| <b>Serial Number:</b>  | 86400311                        | WHOLESALE SUPPLIES PLUS |                                    |
| <b>CORRESPONDENCE DATA</b>   |                                 |                         |                                    |
| <b>Fax Number:</b>   | 3102822200                      |                         |                                    |
| <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent</i> |                                 |                         |                                    |

OP \$390.00 97558282

*using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.*

**Phone:** 310-282-2000  
**Email:** trademarks@loeb.com  
**Correspondent Name:** Jorge Arciniega c/o Loeb & Loeb LLP  
**Address Line 1:** 10100 Santa Monica Blvd., Suite 2200  
**Address Line 4:** Los Angeles, CALIFORNIA 90067

|                           |                   |
|---------------------------|-------------------|
| <b>NAME OF SUBMITTER:</b> | Jorge Arciniega   |
| <b>SIGNATURE:</b>         | /Jorge Arciniega/ |
| <b>DATE SIGNED:</b>       | 10/13/2022        |

**Total Attachments: 3**

source=Name Change Wholesale Supplies Plus LLC to IndiMade Brands LLC#page1.tif  
source=Name Change Wholesale Supplies Plus LLC to IndiMade Brands LLC#page2.tif  
source=Name Change Wholesale Supplies Plus LLC to IndiMade Brands LLC#page3.tif



| DATE       | DOCUMENT ID  | DESCRIPTION                | FILING | EXPED | CERT | COPY |
|------------|--------------|----------------------------|--------|-------|------|------|
| 07/14/2022 | 202219502142 | OHIO LLC - AMENDMENT (LAM) | 50.00  | 0.00  | 0.00 | 0.00 |

**Receipt**

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

WOLZ CORPORATE USA, INC.  
36 SOUTH 18TH AVENUE, SUITE D  
BRIGHTON, CO 80601

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
1098628**

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

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

Document(s)  
**OHIO LLC - AMENDMENT**

Document No(s):  
**202219502142**

Effective Date: **07/14/2022**



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  
14th day of July, A.D. 2022.

**Ohio Secretary of State**

Form 611 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## 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)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Name of Limited Liability Company

Registration Number

Optional:      Effective Date (MM/DD/YYYY)       Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

**If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.**

Name of Limited Liability Company

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd".)

Purpose

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

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**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

ANNA YELTCHEV

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name