

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3046765

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
MICROREACTOR SOLUTIONS LLC	08/24/2014
RECEIVING PARTY DATA	
Name:	NAVOLTA LLC
Street Address:	1 FITCHBURG STREET
City:	SOMERVILLE
State/Country:	MASSACHUSETTS
Postal Code:	02143
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	13490717
CORRESPONDENCE DATA	
Fax Number:	(781)235-4409
<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:	7812354407
Email:	acollins@akcpatents.com
Correspondent Name:	AKC PATENTS
Address Line 1:	215 GROVE STREET
Address Line 4:	NEWTON, MASSACHUSETTS 02466
ATTORNEY DOCKET NUMBER:	BRN-101
NAME OF SUBMITTER:	ALIKI COLLINS
SIGNATURE:	/Alik K. Collins, #43558/
DATE SIGNED:	10/01/2014
Total Attachments: 3	
source=NAMECHANGE#page1.tif	
source=NAMECHANGE#page2.tif	
source=NAMECHANGE#page3.tif	



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State
Date and Time: 08/24/2014 08:17 PM
ID Number: 20111197781
Document number: 20141511420
Amount Paid: \$25.00

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number: 20111197781

1. Entity name: Microreactor Solutions LLC
(If changing the name of the limited liability company, indicate name before the name change)

2. New Entity name:
(if applicable) Navolta LLC

3. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):

<input type="checkbox"/> "bank" or "trust" or any derivative thereof
<input type="checkbox"/> "credit union" <input type="checkbox"/> "savings and loan"
<input type="checkbox"/> "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the limited liability company's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

or

If the limited liability company's period of duration as amended is perpetual, mark this box: ☐

6. (Optional) Delayed effective date: _____

(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

<u>Neltner</u>	<u>Brian</u>	<u>Thomas</u>	_____
(Last)	(First)	(Middle)	(Suffix)

1 Fitchburg St

B154

(Street name and number or Post Office Box information)

Somerville

MA

02143

(City)

(State)

(Postal/Zip Code)

United States

(Province – if applicable)

(Country – if not US)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

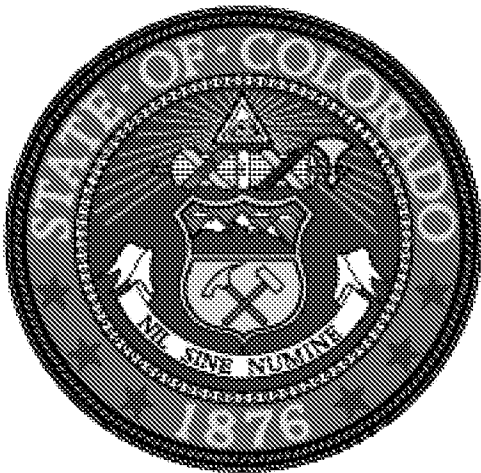
I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Navolta LLC

is a **Limited Liability Company** formed or registered on 04/02/2011 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111197781.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/21/2014 that have been posted, and by documents delivered to this office electronically through 08/24/2014 @ 20:20:08.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 08/24/2014 @ 20:20:08 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8936940.



A handwritten signature in black ink, appearing to read "Scott Gessler", is written over a horizontal line.

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/bi/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."

CERT_GS_D Revised 08/20/2008

RECORDED: 10/01/2014

PATENT
REEL: 033859 FRAME: 0535