

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT4560538

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
EZ SPLIT, LLC	06/16/2017
RECEIVING PARTY DATA	
Name:	IRON ARC, LLC
Street Address:	1512 NORTH LAKEVIEW BLVD.
City:	LORAIN
State/Country:	OHIO
Postal Code:	44052
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	15085341
CORRESPONDENCE DATA	
Fax Number:	(216)566-9711
<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:	216-566-9700
Email:	overberger@rankinhill.com
Correspondent Name:	RANKIN, HILL & CLARK LLP
Address Line 1:	23755 LORAIN ROAD, SUITE 200
Address Line 4:	NORTH OLMSTED, OHIO 44070
ATTORNEY DOCKET NUMBER:	MCA-37989.03
NAME OF SUBMITTER:	ERIK J. OVERBERGER
SIGNATURE:	/Erik J. Overberger/
DATE SIGNED:	08/22/2017
Total Attachments: 6	
source=NameChange#page1.tif	
source=NameChange#page2.tif	
source=NameChange#page3.tif	
source=NameChange#page4.tif	
source=NameChange#page5.tif	
source=NameChange#page6.tif	



DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
06/19/2017	201717003338	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00	0.00

Receipt

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

TRIGILIO, STEPHENSON & DATTILO, P.L.L.
TIMOTHY S. TRIGILIO
5750 COOPER FOSTER PARK ROAD W, #102
LORAIN, OH 44053-4132

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2323880

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

IRON ARC, LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 06/16/2017

Document No(s):

201717003338



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
19th day of June, A.D. 2017.

Jon Husted
Ohio Secretary of State



Form 543A Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
bussevr@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

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.
Require an additional \$100.00)

P.O. Box 1360
Columbus, OH 43216

**Domestic Limited Liability Company Certificate of
Amendment or Restatement**
Filing Fee: \$50

2017 JUN 16 AM 9:22

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

09/02/2014

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

ECO Split, LLC

Name of limited liability company

2323880

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:

Iron Arc, 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

To develop, market and sell log splitters and to conduct any other business for which limited liability companies may

be formed in the State of Ohio.

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.

ECO Split, LLC
Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Michael A. Campana, Jr.
By (if applicable)

Michael A. Campana, Jr.
Print Name

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.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
04/26/2017	201711503990	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00	0.00

Receipt

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

TIMOTHY S. TRIGILIO, ESQ.
5750 COOPER FOSTER PK RD. W, STE 102
LORAIN, OH 44053

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Jon Husted
2323880**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

ECO SPLIT, LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 04/24/2017

Document No(s):

201711503990



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
26th day of April, A.D. 2017.

Ohio Secretary of State



Form 543A Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
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Require an additional \$100.00)

P.O. Box 1390
Columbus, OH 43216

2017 APR 24 AM 9:08

Domestic Limited Liability Company Certificate of Amendment or Restatement Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Restatement (142-LRA)

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Name of limited liability company

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:

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.

Michael A. Campana, Jr.
Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Michael A. Campana, Jr., Manager

Print Name

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.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name