PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5569038

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Execution Date
BLUEFIN CARPET COMPANY, LLC	10/15/2018

RECEIVING PARTY DATA

Name:	HYDRAMASTER, LLC
Street Address:	100 S. MULRENNAN RD. STE 102
City:	VALRICO
State/Country:	FLORIDA
Postal Code:	33594

PROPERTY NUMBERS Total: 14

Property Type	Number
Patent Number:	7070662
Patent Number:	8312594
Patent Number:	7171721
Application Number:	61792754
Patent Number:	9345373
Patent Number:	7694382
Patent Number:	10064532
Patent Number:	6243914
Patent Number:	RE39623
Patent Number:	RE41367
Patent Number:	8032979
Patent Number:	7600289
Patent Number:	7208050
Application Number:	13672519

CORRESPONDENCE DATA

Fax Number:

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.

Phone: 8132223171

Email: stephen.kelly@hwhlaw.com, ipdocket@hwhlaw.com

Correspondent Name: STEPHEN KELLY

Address Line 1: 3700 BANK OF AMERICA PLAZA
Address Line 2: 101 EAST KENNEDY BOULEVARD

Address Line 4: TAMPA, FLORIDA 33602

ATTORNEY DOCKET NUMBER:	17966.01
NAME OF SUBMITTER:	STEPHEN E. KELLY
SIGNATURE:	/Steve Kelly/
DATE SIGNED:	06/12/2019

Total Attachments: 5

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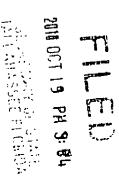
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COVER LETTER

TO: Registration Division of	on Section Corporations			
Bluefir SUBJECT:	n Carpet Company, LLC			
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.		
Please return all corr	respondence concerning this matter	r to the following:		
	Joshua Howard			
		Name of Person	_	
		Firm/Company		
	100 S. Mulrennan Rd, ST	E 102		
	Valrico, FL 33594	Address		
	jhoward@bluefin-global.co	City/State and Zip Code	 Rec	2011 001
For further informati	E-mail address:	(to be used for future annual report notificational)	5n) 27 1	
Joshua Howard		813 846-6735 at ()		9 PA
Na	me of Person		ephone Number	ි සි ි සි
Enclosed is a check t	for the following amount:			
S25.00 Filing Fe	e S30.00 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)	
Re	AILING ADDRESS: gistration Section vision of Corporations	STREET/COURIER : Registration Section Division of Corporation		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bluefin Carpet Company, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 08/31/18	and assigned
Florida document number L18000208706		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
Hydromaster, LLG Hydramas	tor LLC	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
		· -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter	the name of the new
registered agent and of the new registered office	address here.	1831 - 6
Name of New Registered Agent:		
wante or vew registered riggin.		20 49 C
New Registered Office Address:	Enter Florida street address	- 成分 - 1
		\$14 · •
	, Florida	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 605, 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
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			Change
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	10/15/18
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00