#### 506746767 07/01/2021

#### PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6793583

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

#### **CONVEYING PARTY DATA**

Name	Execution Date
INFINITE ARTHROSCOPY, INC. LIMITED	06/18/2021

#### **RECEIVING PARTY DATA**

Name:	LAZURITE HOLDINGS LLC	
Street Address:	5000 EUCLID AVE, SUITE 206	
City:	CLEVELAND HEIGHTS	
State/Country:	ОНЮ	
Postal Code:	44103	

#### **PROPERTY NUMBERS Total: 7**

Property Type	Number
Application Number:	15753369
Application Number:	16672001
Application Number:	15776207
Application Number:	16321337
Application Number:	16803124
Application Number:	17157235
Application Number:	63165935

#### **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.

Email: susanne.mertens@morganlewis.com
Correspondent Name: MORGAN, LEWIS & BOCKIUS LLP

Address Line 1: 1701 MARKET STREET

Address Line 4: PHILADELPHIA, PENNSYLVANIA 19103

ATTORNEY DOCKET NUMBER:	122461-5000	
NAME OF SUBMITTER:	SUSANNE MERTENS	
SIGNATURE:	/Susanne Mertens/	
<b>DATE SIGNED:</b> 07/01/2021		

**Total Attachments: 3** 

PATENT REEL: 056751 FRAME: 0164 source=20210630\_Change of Name#page1.tif source=20210630\_Change of Name#page2.tif source=20210630\_Change of Name#page3.tif

> PATENT REEL: 056751 FRAME: 0165



DATE 06/21/2021

Document(s)

DOCUMENT ID 202116701842

DESCRIPTION
LIMITED LIABILITY COMPANY - AMENDMENT
(LAM)

FILING 50.00 EXPED

CERT COPY 0.00 0.00

0.00 0.

#### Receipt

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

SQUIRE PATTON BOGGS (US) LLP 201 E. FOURTH STREET SUITE 1900 CINCINNATI, OH 45202

## STATE OF OHIO CERTIFICATE

# Ohio Secretary of State, Frank LaRose 2391322

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

LAZURITE HOLDINGS LLC

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

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 06/18/2021

Document No(s):

202116701842



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 21st day of June, A.D. 2021.

**Ohio Secretary of State** 

The state of the s

PATENT REEL: 056751 FRAME: 0166 Form 543A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

(2) Domestic Limited Liability Company

### 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)	Restatement (142-LRA)	
05/04/2015	MM/DD/YYYY	
<u> </u>	Date of Formation	
Date of Formation (MM/DD/YYYY)	(MM/DD/YYYY)	
The undersigned authorized representative of:		
INFINITE ARTHROSCOPY, INC. LIMITED		
Name of Limited Liability Company		
2391322		
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:		
Lazurite Holdings 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		

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PATENIast Revised: 06/2019

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By signing and submitting this form has the requisite authority to execu	n to the Ohio Secretary of State, the undersigned hereby certifies that he or she ute this document.
Required	Leah Brownlee
Must be signed by a member, manager or other representative.	Signature
If authorized representative is an individual, then they must sign in the "signature"	By (if applicable)
box and print their name	Leah Brownlee, Authorized Representative
in the "Print Name" box.	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

PATENLast Revised: 06/2019 Form 543A Page 2 of 2 **REEL: 056751 FRAME: 0168** 

**RECORDED: 07/01/2021**