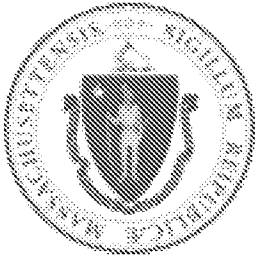


PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT7235426

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
HD LIFESCIENCES LLC	09/17/2021
RECEIVING PARTY DATA	
Name:	NANOHIVE MEDICAL LLC
Street Address:	12 GILL STREET
Internal Address:	SUITE 4500
City:	WOBURN
State/Country:	MASSACHUSETTS
Postal Code:	01801
PROPERTY NUMBERS Total: 3	
Property Type	Number
Application Number:	16251383
Application Number:	16518281
Application Number:	16565321
CORRESPONDENCE DATA	
Fax Number:	(617)979-9301
<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:	6179799300
Email:	bridget.mcauliffe@whitecase.com
Correspondent Name:	WHITE & CASE LLP
Address Line 1:	75 STATE STREET
Address Line 4:	BOSTON, MASSACHUSETTS 02109
ATTORNEY DOCKET NUMBER:	1887461-0002-003-105
NAME OF SUBMITTER:	BRIDGET MCAULIFFE
SIGNATURE:	/Bridget McAuliffe/
DATE SIGNED:	03/21/2022
Total Attachments: 3	
source=1887461-0002-Applicant_NameChange#page1.tif	
source=1887461-0002-Applicant_NameChange#page2.tif	
source=1887461-0002-Applicant_NameChange#page3.tif	



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Certificate of Amendment

(General Laws, Chapter)

Identification Number: 001125215

The date of filing of the original certificate of organization: 1/9/2014

1.a. Exact name of the limited liability company: HD LIFESCIENCES LLC

1.b. The exact name of the limited liability company *as amended*, is: NANOHIVE MEDICAL LLC

2a. Location of its principal office:

No. and Street: 12 GILL STREET
SUITE 4500

City or Town: WOBURN State: MA Zip: 01810 Country: USA

3. *As amended*, the general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: CORPORATION SERVICE COMPANY

No. and Street: 84 STATE STREET

City or Town: BOSTON State: MA Zip: 02109 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	TIMOTHY HELFET	12 GILL STREET WOBURN, MA 01810 USA
MANAGER	RODNEY BURNS	12 GILL STREET WOBURN, MA 01810 USA
MANAGER	IAN CHARLES HELMAR	12 GILL STREET WOBURN, MA 01810 USA
MANAGER	PATRICK O'DONNELL	12 GILL STREET WOBURN, MA 01810 USA
MANAGER	CHRISTOPHER JONES	12 GILL STREET WOBURN, MA 01810 USA

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

PATENT

REEL: 059454 FRAME: 0752

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	TIM JETTE	12 GILL STREET WOBURN, MA 01810 USA
SOC SIGNATORY	PATRICK T. O'DONNELL	12 GILL STREET WOBURN, MA 01810 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	PATRICK T. O'DONNELL	12 GILL STREET WOBURN, MA 01810 USA

9. Additional matters:

10. State the amendments to the certificate:

THE NAME OF THE LIMITED LIABILITY COMPANY IS HEREBY CHANGED TO "NANOHIVE MEDICAL LLC."

11. The amendment certificate shall be effective when filed unless a later effective date is specified:

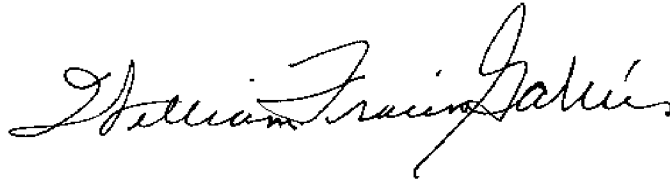
SIGNED UNDER THE PENALTIES OF PERJURY, this 17 Day of September, 2021,
PATRICK O'DONNELL , Signature of Authorized Signatory.

© 2001 - 2021 Commonwealth of Massachusetts
All Rights Reserved

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

September 17, 2021 10:02 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial 'W'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth