

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT8229836

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
DENTAL DEVELOPMENT SYSTEMS, LLC	12/20/2019
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	EDELBROCK & SOLAN HOLDINGS, LLC
<b>Street Address:</b>	2127 SW 1ST COURT
<b>City:</b>	FORT LAUDERDALE
<b>State/Country:</b>	FLORIDA
<b>Postal Code:</b>	33312
<b>PROPERTY NUMBERS Total: 3</b>	
<b>Property Type</b>	<b>Number</b>
<b>Patent Number:</b>	8113729
<b>Patent Number:</b>	9750669
<b>Patent Number:</b>	10653235
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(336)274-6590
<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>	
<b>Phone:</b>	3362715229
<b>Email:</b>	bhurt@tuggleduggins.com
<b>Correspondent Name:</b>	BLAKE P. HURT
<b>Address Line 1:</b>	400 BELLEMEADE STREET, SUITE 800
<b>Address Line 4:</b>	GREENSBORO, NORTH CAROLINA 27401
<b>ATTORNEY DOCKET NUMBER:</b>	960503
<b>NAME OF SUBMITTER:</b>	BLAKE P. HURT
<b>SIGNATURE:</b>	/blakehurt/
<b>DATE SIGNED:</b>	10/19/2023
<b>Total Attachments: 5</b>	
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source=960503--FL-SOS-LLC-name-change-document#page2.tif	
source=960503--FL-SOS-LLC-name-change-document#page3.tif	
source=960503--FL-SOS-LLC-name-change-document#page4.tif	



L09000076480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

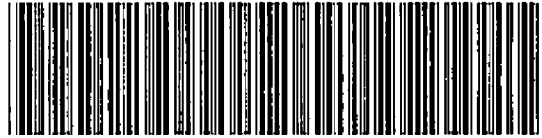
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

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JAN 22 2020  
PATENT

REEL: 065289 FRAME: 0043

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dental Development Systems, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne Solan

\_\_\_\_\_  
Name of Person

Dental Development Systems, LLC

\_\_\_\_\_  
Firm/Company

2127 SW 1st Court

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33312

\_\_\_\_\_  
City/State and Zip Code

wayne@poppitstoothpaste.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne Solan

954 864-2845  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Dental Development Systems, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 7, 2009 and assigned  
Florida document number L09000076480.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Edelbrock & Solan Holdings, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

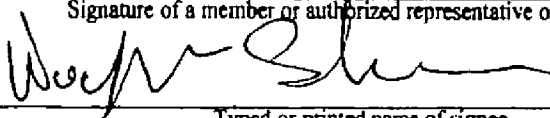
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated October 15, 2019

Signature of a member or authorized representative of a member

Wayne Solan



Typed or printed name of signee

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Filing Fee: \$25.00

RECORDED: 10/19/2023

PATENT  
REEL: 065289 FRAME: 0047