

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM580940

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
TutorMe.com, LLC		06/07/2019	Limited Liability Company: CALIFORNIA
RECEIVING PARTY DATA			
Name:	TUTORME, LLC		
Street Address:	1811 E. Northrop Blvd.		
City:	Chandler		
State/Country:	ARIZONA		
Postal Code:	85286		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	5635852	TUTORME	
Registration Number:	5209960	TUTORME	
CORRESPONDENCE DATA			
Fax Number:	7145135130		
<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:	714) 513-5100		
Email:	ipdocketingtm@sheppardmullin.com		
Correspondent Name:	Sheppard MullinRichter & Hampton LLP		
Address Line 1:	650 Town Center Drive, 10th Floor		
Address Line 4:	Costa Mesa, CALIFORNIA 92626		
NAME OF SUBMITTER:	Brian M. Daucher		
SIGNATURE:	/BMD/		
DATE SIGNED:	06/12/2020		
Total Attachments: 3			
source=Amendment to Articles of Organization#page1.tif			
source=Statement of Information (Limited Liability Company#page1.tif			
source=Statement of Information (Limited Liability Company#page2.tif			

CH \$65.00 5635852



**Secretary of State
Amendment to Articles of
Organization of a
Limited Liability Company (LLC)**

LLC-2

FILED
Secretary of State
State of California

JUN 07 2019

Above Space For Office Use Only

IMPORTANT — Read Instructions before completing this form.

Filing Fee - \$30.00

Copy Fees - First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00

Note: You must file a Statement of Information (Form LLC-12), to change the business address(es) of the LLC or to change the name or address of the LLC's manager(s) and/or agent for service of process, which can be filed online at bizfile.sos.ca.gov.

1. LLC Exact Name (Enter the exact name on file with the California Secretary of State.)

Tutorme.com, LLC

2. LLC 12-Digit Entity (File) Number (Enter the exact 12-digit Entity (File) Number issued by the California Secretary of State.)

2	0	1	9	0	8	5	1	0	7	1	2
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3. New LLC Name (If Amending) (See Instructions – List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State. The name must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

TutorMe, LLC

4. Management (If Amending) (Select **only** one box)

The LLC will be managed by:

One Manager More than One Manager All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement.)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. Additional Amendment(s) set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-2. (All attachments should be 8½ x 11, one-sided, legible and clearly marked as an attachment to this form LLC-2.)

Signature

By signing, I certify that the information is true and correct and that I am authorized by California law to sign.

Andrew Clark

Sign here

Print your name here



Secretary of State
Statement of Information
 (Limited Liability Company)

LLC-12

19-C41439

FILED

In the office of the Secretary of State
 of the State of California

JUN 24, 2019

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IMPORTANT — Read instructions **before completing this form.**

Filing Fee — \$20.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)
 TUTORME, LLC

2. 12-Digit Secretary of State File Number 201908510712	3. State, Foreign Country or Place of Organization (only if formed outside of California) CALIFORNIA
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4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 1925 Century Park E, Suite 1700	City (no abbreviations) Los Angeles	State CA	Zip Code 90067
b. Mailing Address of LLC, if different than item 4a 1925 Century Park E, Suite 1700	City (no abbreviations) Los Angeles	State CA	Zip Code 90067
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 1925 Century Park E, Suite 1700	City (no abbreviations) Los Angeles	State CA	Zip Code 90067

5. Manager(s) or Member(s)

If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b Myles	Middle Name	Last Name Hunter	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1925 Century Park E, Suite 1700	City (no abbreviations) Los Angeles	State CA	Zip Code 90067

6. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box			
		State CA	Zip Code

CORPORATION — Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 6a or 6b
 C T CORPORATION SYSTEM (C0168406)

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
 Tutoring services

8. Chief Executive Officer, if elected or appointed

a. First Name Myles	Middle Name	Last Name Hunter	Suffix
b. Address 1925 Century Park E, Suite 1700	City (no abbreviations) Los Angeles	State CA	Zip Code 90067

9. The information contained herein, including any attachments, is true and correct.

06/24/2019 Molly Dishman Corporate Paralegal
 Date Type or Print Name of Person Completing the Form Title Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: []
 Company:
 Address:
 City/State/Zip: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

19-C41439

A. Limited Liability Company Name

TUTORME, LLC

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B. 12-Digit Secretary of State File Number

201908510712

C. State or Place of Organization (only if formed outside of California)

CALIFORNIA

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Andrew	Middle Name	Last Name Clark	Suffix
Entity Name			
Address 1811 E. Northrop Blvd.	City (no abbreviations) Chandler	State AZ	Zip Code 85286
First Name Gregory	Middle Name	Last Name Finkelstein	Suffix
Entity Name			
Address 1811 E. Northrop Blvd.	City (no abbreviations) Chandler	State AZ	Zip Code 85286
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
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First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code