

# 09/11/2013 09:03 FAX 9417452093 BLALOCK WALTERS 0007004  
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Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
 Account Number : 076666003611  
 Phone : (941) 748-0100  
 Fax Number : (941) 745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: cpennington@blalockwalters.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CELTICSPINE, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

K. SALLY  
 EXAMINER  
 SEP 12 2013

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13 SEP 11 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OFCELTICSPINE, 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 1/22/2010 and assigned  
Florida document number L10000008336.

This amendment is submitted to amend the following:

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

CELTIC BIODEVICES, LLC

The new name must be distinguishable and end with 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)

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

City

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 608, 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

(((H13000201739 3)))

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
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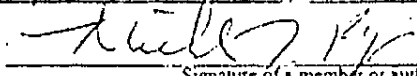
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 10, 2013



Signature of a member or authorized representative of a member

MICHAEL BOYER, MANAGER

Typed or printed name of signer

Page 3 of 3

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