

M08000005324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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JUL 29 2011

EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1109-35086

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EBI, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelley Horn
Name of Person

Firm/Company

P.O. Box 587
Address

Warsaw, IN 46581-0587
City/State and Zip Code

shelley.horn@biomet.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Horn at (574) 372-1542
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

WRITTEN CONSENT TO CHANGE ALTERNATE NAME
OF FOREIGN LIMITED LIABILITY COMPANY
IN THE STATE OF FLORIDA

We, the undersigned, hereby certify that we are the Managers and/or Managing
Members of EBI, LLC
(Name of Foreign Limited Liability Company in Home Jurisdiction)

a limited liability company duly organized and existing under the laws of
Indiana, which is currently authorized to transact business
(Enter Home Jurisdiction)
in the state of Florida under Florida document number: M08000005324

Because the name of the foreign limited liability company as it appears on the
records of its home state or country does not currently satisfy the requirements of the
s. 608.406, F.S., the foreign limited liability company is required to transact business
in the state of Florida under an alternate name. The foreign limited liability company is
currently transacting business under the alternate name of:

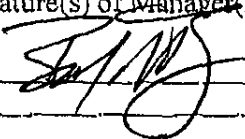
Biomet Trauma, Biomet Spine, Biomet Bracing and Biomet Osteobiologies, LLC
(Enter Current Alternate Name in State of Florida)

We, the undersigned Managers and/or Managing Members, submit this affidavit
to amend the alternate name on the records of the Florida Department of State to:

Biomet Spine & Bone Healing Technologies, LLC
(Enter New Alternate Name in the State of Florida)

Date: 7/28/2011

Signature(s) of Manager(s) and/or Managing Member(s):


Bradley J. Tandy, Manager

Filing Fee: \$25.00

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

