

**m080005324**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : UNITED AGENT GROUP INC.  
Account Number : 120160000086  
Phone : (561)508-5033  
Fax Number : (561)694-1639

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BIOMET SPINE & BONE HEALING TECHNOLOGIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED  
2023 MAY -9 11:41:16  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA  
TALL

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11

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Help T. LEMIEUX

MAY 10 2023

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: BIOMET SPINE & BONE HEALING TECHNOLOGIES, LLC

Enter new principal office 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)* \_\_\_\_\_

2. The Florida document number of this limited liability company is: M08000005324

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 12/08/2008

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: EBI Bone Healing, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

2023 May 9 AM 10:52  
L.L.C.

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

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

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Erin Saville  
Signature of the authorized representative

Erin Saville, Attorney-In-Fact

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

WRITTEN CONSENT TO CHANGE ALTERNATE NAME  
FOR USE IN THE STATE OF FLORIDA

I, the undersigned, do hereby certify that I am an Authorized Person of EBI, LLC, a limited liability company duly organized and existing under the laws of Indiana, which is authorized to transact business in the State of Florida under document number M08000005324.

Because the name of the foreign limited liability company does not satisfy the requirements of s. 605.0112, F.S., the foreign limited liability company currently transacts business in the State of Florida using the alternate name Biomet Spine & Bone Healing Technologies, LLC, pursuant to s. 605.0906, F.S.

The foreign limited liability company wishes to change the alternate business name, and hereby adopts the following name to transact business in the State of Florida: EBI Bone Healing, LLC.

Kristi Lehman

Signature Authorized Person

5/1/2023

Date

# State of Indiana Office of the Secretary of State

## CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

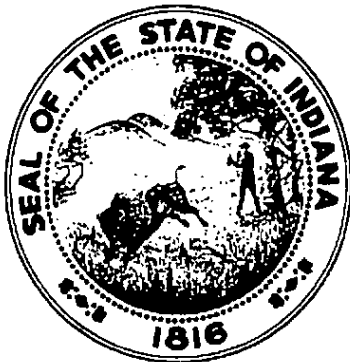
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

EBI, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 24, 1999, and was in existence or authorized to transact business in the State of Indiana on February 12, 2023.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 12, 2023

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

LP99050044 / 20233021933

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on March 14, 2023.