

MO6000003998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
FEB 19 2009
EXAMINER

Office Use Only



200140127752

01/12/09--01010--009 **25.00

DEPT. OF STATE
TALLAHASSEE, FLORIDA

2009 FEB 18 PM 3:09

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2009

DAVID P BARGMANN
1655 BRITTAIN RD
AKRON, OH 44310

SUBJECT: BARGMANN MANAGEMENT, L.L.C.
Ref. Number: M06000003998

We have received your document for BARGMANN MANAGEMENT, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 909A00001614

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bargmann Management, L.L.C.
(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:

David P Bargmann
(Name of Person)

Invacare HCS, LLC
(Firm/Company)

1655 Brittain Rd
(Address)

Akron, OH 44310
(City/State and Zip Code)

For further information concerning this matter, please call:

Donald Davis at (412) 805-0662
(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

2009 FEB 18 PM 3:09
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Bargmann Management, L.L.C.

2. Jurisdiction of its organization: Ohio

3. Date authorized to do business in Florida: 7/17/2006

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 11/4/08

5. New name of the limited liability company: Invacare HCS, LLC
(must end with "Limited Liability Company, " "L.L.C.," or "LLC.")

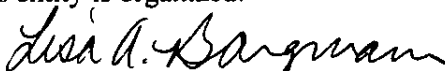
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

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

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, 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.


Signature of a member or the authorized representative of a member

Lisa A Bargmann - Manager

Typed or printed name of signee

Filing Fee: \$25.00

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200830901658



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/05/2008	200830901658	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CALFEE, HALTER & GRISWOLD
ATTN: C BURTON
21 EAST STATE STREET
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1413278

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

INVACARE HCS, LLC

and, that said business records show the filing and recording of:

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200830901658



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 3rd day of November,
A.D. 2008.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3458)

www.sos.state.oh.us

e-mail: busserv@sos.state.oh.us

Expedite this Form (Select One)

☒ Expedite
 *** Requires an additional fee of \$105 ***
 PO Box 1329
 Columbus, OH 43218

☐ Not Expedite
 PO Box 1329
 Columbus, OH 43218

**Domestic Limited Liability Company Certificate of
 Amendment or Restatement
 Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

28-Sep-03
 Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Bergmann Management, L.L.C.
 Name of limited liability company

1413278
 Registration number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked,
 all sections below must be completed.

The name of said limited liability company shall be:

Invacare HCS, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd."

This limited liability company shall exist for a period of:

Period of Existence

Purpose

☐ Check here if additional provisions are attached

REQUIRED
Must be (signed) by a
member, manager or
other representative.

INVACARE CORPORATION
By: Dale LaPorte

Signature

DALE LA PORTE, SENIOR VICE PRESIDENT

10-24-08

Date

"SOLE MEMBER"

Print Name

Signature

Print Name

Signature

Print Name

Date

Date