

B98000000605

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

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

RECEIVED  
12 OCT - 1 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION  
TYCO HEALTHCARE GROUP LP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$52.50

FILED  
12 OCT - 1 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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B. BOSTICK

OCT - 2 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tyco Healthcare Group LP  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Cheryl Copeland-Lewis  
Contact Person

Covidien  
Firm/Company

15 Hampshire Street  
Address

Mansfield, MA 02048  
City, State and Zip Code

Cheryl.Copeland@covidien.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Copeland-Lewis at ( 508 ) 452-4311  
Name of Contact Person. Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee    ☐ \$61.25 Filing Fee and Certificate of Status    ☐ \$105.00 Filing Fee and Certified Copy    ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Tyco Healthcare Group LP

1398000000605

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 10/14/1998

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Covidien LP

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or LLLP.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Covidien Holding Inc.

15 Hampshire Street

Mansfield, MA 02048

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TALLAHASSEE, FLORIDA

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

Not Being Amended

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

Not Being Amended

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐

The entity elects to be a limited liability limited partnership.

☐

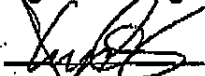
The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Covidien Holding Inc. ITS GENERAL PARTNER

By:

John W. Kupples

Vice President / Secretary

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TYCO HEALTHCARE GROUP LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "COVIDIEN LP", THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2012, AT 9:48 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED PARTNERSHIP IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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TALLAHASSEE, FLORIDA



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You may verify this certificate online  
at [corp.delaware.gov/authiver.shtml](http://corp.delaware.gov/authiver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 9880921

DATE: 09-28-12