

F1900000 2012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

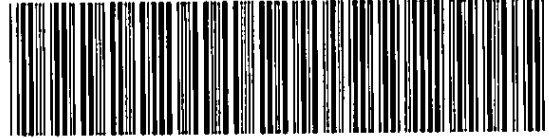
(Document Number)

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J. HORNE  
OCT 25 2024

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2024 OCT 24 PM 1:21

CLERK

RECEIVED  
2024 OCT 24 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FL



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 10/24/2024

Name: Cheyenne Davis

Reference #: 2532783

Entity Name: SOLVENTUM HEALTH INFORMATION SYSTEMS, INC.

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion


☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$35.00

Signature: 

✉ CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

✉ EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY #801072  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

✉ ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 1/F, LIPPO LEIGHTON TOWER  
103 LEIGHTON RD, CAUSEWAY BAY  
HONG KONG  
P: +852.2682.9633  
F: +852.2682.9790



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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: 3M Health Information Systems, Inc.

Name of Corporation

DOCUMENT NUMBER: F19000002012

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie A. Taylor

Name of Contact Person

Fredrikson & Byron, PA

Firm/Company

60 S. 6th St., Suite 1500

Address

Minneapolis, MN 55402

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie A. Taylor

Name of Contact Person

at ( 612 ) 492-7716

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F19000002012

(Document number of corporation (if known))

1. 3M Health Information Systems, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Maryland

(Incorporated under laws of)

3. 04/24/2019

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 05/21/2024

5. Solventum Health Information Systems, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

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

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), 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
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated 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 corporate records in the jurisdiction under the laws of which it is incorporated.

Signed by:

Justin P. McGough

4EB3536D6CC8468

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Justin P. McGough

(Typed or printed name of person signing)

Assistant Treasurer

(Title of person signing)

**FILING FEE \$35.00**

***STATE OF MARYLAND***  
***Department of Assessments and Taxation***

I, Daniel K. Phillips, Director of the State Department of Assessments and Taxation, hereby certify that the attached document, consisting of 2 pages, inscribed with the same Authentication Code, is a true copy of the public record of the

**ARTICLES OF AMENDMENT / NAME CHANGE-CORPORATION**  
for  
**SOLVENTUM HEALTH INFORMATION SYSTEMS, INC.**

(Department ID: **D01623438** )

I further certify that this document is a true copy generated from the online service with the State Department of Assessments and Taxation.

In witness whereof, I have hereunto subscribed my signature and affixed the seal of the State Department of Assessments and Taxation of Maryland at Baltimore on this October 02, 2024.



Daniel K. Phillips  
Director



700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202  
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: c89ZXb5Od0a3PiKfsD9PnQ  
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>

**Certified Documents with a verifiable Authentication Code are Official, State-Approved Documents**

## CORPORATE CHARTER APPROVAL SHEET

\*\* KEEP WITH DOCUMENT \*\*

DOCUMENT CODE 09A BUSINESS CODE 03# D01623438Close \_\_\_\_\_ Stock ☒ Nonstock \_\_\_\_\_

P.A. \_\_\_\_\_ Religious \_\_\_\_\_

Merging/Converting \_\_\_\_\_

Surviving/Resulting \_\_\_\_\_



ID # D01623438 ACK # 1000362014527305  
 PAGES: 0002  
 SOLVENTUM HEALTH INFORMATION SYSTEMS, I  
 NC.

05/21/2024 AT 10:06 A WO # 0005199258

New Name Solventum Health  
Information Systems, Inc.

## FEES REMITTED

Base Fee: 100  
 Org. & Cap. Fee: 445  
 Expedite Fee: \_\_\_\_\_  
 Penalty: \_\_\_\_\_  
 State Recordation Tax: \_\_\_\_\_  
 State Transfer Tax: \_\_\_\_\_  
1 Certified Copies \_\_\_\_\_  
 Copy Fee: 22  
 Certificates \_\_\_\_\_  
 Certificate of Status Fee: \_\_\_\_\_  
 Personal Property Filings: \_\_\_\_\_  
 NP Fund: \_\_\_\_\_  
 Other: \_\_\_\_\_

TOTAL FEES: 567Credit Card \_\_\_\_\_ Check ☒ Cash \_\_\_\_\_

\_\_\_\_\_ Documents on \_\_\_\_\_ Checks

Approved By: 31

Keyed By: \_\_\_\_\_

COMMENT(S): \_\_\_\_\_

☒ Change of Name  
 \_\_\_\_\_ Change of Principal Office  
 \_\_\_\_\_ Change of Resident Agent  
 \_\_\_\_\_ Change of Resident Agent Address  
 \_\_\_\_\_ Resignation of Resident Agent  
 \_\_\_\_\_ Designation of Resident Agent  
 and Resident Agent's Address  
 \_\_\_\_\_ Change of Business Code

\_\_\_\_\_ Adoption of Assumed Name

\_\_\_\_\_ Other Change(s)

Code \_\_\_\_\_

Attention: \_\_\_\_\_

Mail: Names and Address

CSC-LAWYERS INCORPORATING SERVICE  
 COMPANY  
 7 ST. PAUL STREET  
 SUITE 820  
 BALTIMORE MD 21202

**CERTIFIED  
 COPY  
 MADE**

CUST ID: 0003982684  
 WORK ORDER: 0005199258  
 DATE: 05-21-2024 10:06 AM  
 AMT. PAID: \$567.00

**ARTICLES OF AMENDMENT**

for a

**MARYLAND Stock CORPORATION**

(1)

(2) **3M HEALTH INFORMATION SYSTEMS, INC.**

a Maryland corporation, certifies to the State Department of Assessments and Taxation of Maryland that the charter of the corporation shall be and hereby is amended as follows:

(3) The name of the corporation shall be changed to Solventum Health Information Systems, Inc.

This amendment of the charter of the corporation has been approved by

(4) the directors and stockholders. The board of directors approved by resolution that any officer of  
the corporation is authorized to sign this amendment.

The undersigned acknowledges that this is an act of the above-named corporation, and verifies, under the penalties for perjury, that the matters and facts stated herein, which require such verification, are true and accurate, to the best of his/her knowledge, information, and belief.

(5) DocuSigned by:  
Carl Rydzek Assistant Secretary  
ATTESTED TO BY (signature/title)(5) DocuSigned by:  
Justin McGough Assistant Treasurer  
SIGNED BY (signature/title)

(6) Return address of filing party:

575 West Murray Blvd.Murray, UT 84123CUST ID: 0003982684  
WORK ORDER: 0005199258  
DATE: 05-21-2024 10:06 AM  
AMT. PAID: \$567.00

# ***STATE OF MARYLAND***

## ***Department of Assessments and Taxation***

---

I, DANIEL K. PHILLIPS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SOLVENTUM HEALTH INFORMATION SYSTEMS, INC. (D01623438), INCORPORATED OCTOBER 14, 1983, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 03, 2024.



Daniel K. Phillips  
Director



700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202  
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

Online Certificate Authentication Code i9KwKY-AHEupMkQgr2yHyw  
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Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303