

LOS 000021464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

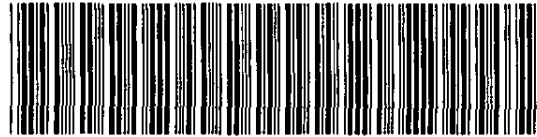
(Business Entity Name)

(Document Number)

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T. CLINE

MAY 21 2012

EXAMINER

FILED
2012 MAY 18 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



May 14, 2012

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Biomet Florida Services, LLC

Dear Sir or Madame:

Enclosed please find the original and one copy of the Articles of Amendment to Articles of Organization, along with our check in the amount of \$25. Please file this document and return a date-stamped copy to me at the address below.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shelley Horn".

Shelley Horn
Corporate Paralegal
shelley.horn@biomet.com

2012 MAY 18 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Mailing Address:
P.O. Box 587
Warsaw, IN 46581-0687
Toll Free: 800-348-9500
Office: 574-276-6639
Direct: 574-372-1542
Legal Dept. Fax: 574-372-1960

Shipping Address:
56 East Bell Drive
Warsaw, IN 46582

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Biomet Florida Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelley Horn

Name of Person

Biomet, Inc.

Firm/Company

P.O. Box 587

Address

Warsaw, IN 46581

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

Name of Person

at (574)

372-1542

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 18 PM 12:14

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Biomet Florida Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 11, 2003 and assigned Florida document number L08000021464.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1520 Tradeport Drive

Jacksonville, FL 32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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

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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Dated May 4, 2012

Signature of a member or authorized representative of a member

Bradley J. Tandy, Manager

Typed or printed name of signee

FILED
MAY 10 2012
CLERK OF COURT
ALABAMA
STATE OF ALABAMA
PH 12:14