

M 07000000045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. KOHR
AUG 13 2009
EXAMINER



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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

B. KOHR
AUG 13 2009
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 092947 5039778

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
09 AUG 13 PM 2:15
TALLAHASSEE, FLORIDA

ORDER DATE : August 11, 2009

ORDER TIME : 8:50 AM

ORDER NO. : 092947-040

CUSTOMER NO: 5039778

FOREIGN FILINGS

NAME: CARDINAL HEALTH RESOURCES, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley -- EXT#

EXAMINER: _____

**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: Cardinal Health Resources, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 01/03/07

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

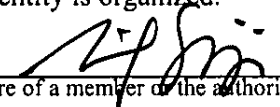
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

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

Nathaniel B. Sisitsky, Assistant Secretary

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CARDINAL HEALTH RESOURCES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CAREFUSION RESOURCES, LLC", THE THIRD DAY OF AUGUST, A.D. 2009, AT 10:14 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARDINAL HEALTH RESOURCES, LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2006.

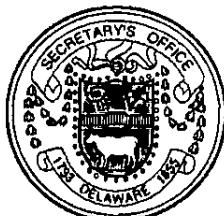
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

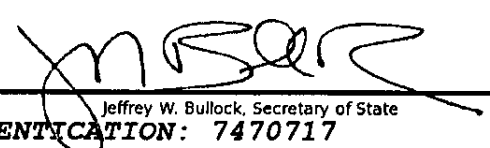
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4192586 8320

090772253

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7470717

DATE: 08-12-09