

MB8000004423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

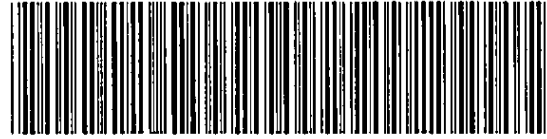
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

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STATE
TALLAHASSEE, FLORIDA

2017 JUL 26 AM 10:50

O SIMMONS
JUL 27 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 737941-7 7378195
AUTHORIZATION : *in the name of*
COST LIMIT : \$ 25.00

ORDER DATE : July 24, 2017
ORDER TIME : 9:42 AM
ORDER NO. : 737941-135
CUSTOMER NO: 7378195

FOREIGN FILINGS

NAME: BIOMET SPORTS MEDICINE, 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: Melissa Zender -- EXT# 62956

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: BIOMET SPORTS MEDICINE, LLC

Enter new principal office address, if applicable: _____

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: _____

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M08000004473

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 10/03/2008

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 605, 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

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

the LLC is no longer manager-managed, but is managed by the Member.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Biomet U.S. Reconstruction, LLC</u>	<u>56 East Bell Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Warsaw, IN 46582</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>DANIEL P. FLORIN</u>	<u>345 E. MAIN STREET</u>	<input type="checkbox"/> Add
		<u>Warsaw, IN 46580</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>CHAD F. PHIPPS</u>	<u>345 E. MAIN STREET</u>	<input type="checkbox"/> Add
		<u>Warsaw, IN 46580</u>	<input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: 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.

Heather J. Kidwell

Signature of the authorized representative

Heather J. Kidwell, Vice President and Assistant Secretary

Typed or printed name of signee

Filing Fee: \$25.00