

MB8000004423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

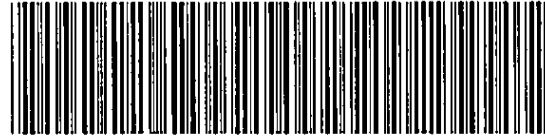
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 JUL 27 AM 9:03

DIVISION OF CORPORATIONS

FILED  
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  
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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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DIVISION OF CORPORATE AFFAIRS

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

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.

Signature of the

Heather J. Kidwell, Vice President and Assistant Secretary

Typed or printed name of signee

**Filing Fee: \$25.00**

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DIVISION OF CO  
ADD  
REMOVE

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