

M 14000001635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

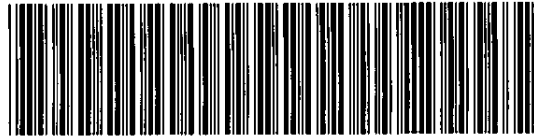
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
14 MAY 14 AM 10:42

2014 MAY 14 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

N. Guffen MAY 15 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 131703 4726940

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : May 14, 2014

ORDER TIME : 9:45 AM

ORDER NO. : 131703-005

CUSTOMER NO: 4726940

FOREIGN FILINGS

NAME: COOK MEDICAL LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT#

EXAMINER: _____

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14 MAY 14 AM 10:48

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY 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: Cook Medical LLC

2. Jurisdiction of its organization: Indiana

3. Date authorized to do business in Florida: 3/10/2014

SECTION II (4-7 complete only the applicable changes)

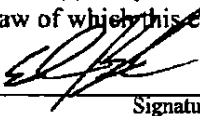
4. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "LLC.")

(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.")

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

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

7. Attached is an original 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 authorized representative

Edwin J. Broecker, Authorized Representative

Typed or printed name of signer

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 14 AM 9:31

FILED

Attachment 1

Application by Foreign Limited Liability Company to File Amendment

Cook Medical LLC

The name, title or capacity and address of the persons who have authority to manage are:

M. Kem Hawkins, Manager

Pete Yonkman, Manager

Carl A. Cook, Manager

Scott E. Eells, Manager

Charles Franz, Manager

John R. Kamstra, Manager

Jerry French, Manager

Address for all: 750 Daniels Way, Bloomington, IN 47404