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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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ACCOUNT NO. : I2000000195

REFERENCE : 185261 4726940

AUTHORIZATION :

COST LIMIT : (\$\frac{1}{25}.00

EXAMINER:

ORDER DATE: June 20, 2014

ORDER TIME : 11:01 AM

ORDER NO. : 185261-005

CUSTOMER NO: 4726940

FOREIGN FILINGS

NAME: COOK MEDICAL LLC

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LI	MITED PA	RTNERSHIP)				
XX LI	MITED LI	ABILITY C	OMPAN'	<u> </u>			
XXXX AME	NDMENT						
PLEASE R	ETURN TH	E FOLLOWI	NG AS	PROOF	OF	FILING	:
XX		D COPY AMPED COP ATE OF GO	_	MDING			
CONTACT	PERSON:	Emily Gr	ay	EXT# (6292	5	

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)

Name of limited liability Company as it appears on the records of the Florida Departs State: Cook Medical LLC	ment of	
2. Jurisdiction of its organization: Indiana		
3. Date authorized to do business in Florida: 3-10-2014	21 p	2914
SECTION II (4-7 complete only the applicable changes)		
4. New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C		-2
		AH D
(If name unavailable, enter alternate name adopted for the purpose of transacting busine: Florida and attach a copy of the written consent of the managers or managing members at the alternate name. The alternate name must contain "Limited Liability Company," "L.L or "LLC.") 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	adopting	的
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e that change: See attached Attachment 1	e), indicate	
7. Attached is an original certificate, if required: no more than 90 days old, evidencing to aforementioned amendment(s), duty authenticated by the official having custody of rejurisdiction under the law of which this entity is organized. Signature of the authorized representative John R. Kamstra, Manager		he
Typed or printed name of signee		

Filing Fee: \$25.00

Attachment 1

Application by Foreign Limited Liability Company to File Amendment

Cook Medical LLC Document: M14000001635

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 Robert L. Santa, secretary David Reed, Vice President

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