114000006017

(Requestor's Name)				
(Address)				
bbA)	ress)	· <u>-</u>		
(City)	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500316744225

FILED

SECRETARE FLORIDA

18 AUG 14 PH 1: 52

K. SALY AUG 1 4 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	: I	2000000	00195	
		REFER	RENCE :	: 34	11062	81107	93
		AUTHORIZA	ATION :	d	quels	Cenar)
			JIMIT :	; ;	25:00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		August 10,	2018				
ORDER '	TIME :	11:27 AM					
ORDER 1	NO. :	341062-050					
CUSTOM	ER NO:	8110793					
					·		
		FORE	EIGN FII	LINGS	<u> </u>		
	NAME:	HALYARD	SALES,	LLC			
		TE PARTNERSHIE LIABILITY (
XXXX A	MENDMENT	• •					
PLEASE	RETURN	THE FOLLOWI	NG AS E	PROOF	F OF F	LING:	
XX	PLAIN	TIED COPY STAMPED COP TICATE OF GO		IDING	3		

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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)

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: Halyard Sales, LLC Enter new principal office address, if applicable:
State: Halyard Sales, 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: M14000006017
3. Jurisdiction of its organization: North Carolina
4. Date authorized to do business in Florida: 8/21/2014
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.")
(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 inust 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
Ph
, 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.

F	ILED
18 AUG	(r = D)
TALLAILE	AH 11: 30
hat change:	EE, FLORIDA

. If the amendment c	hanges person, title or capacity in ac	cordance with 605.0902 (1)(e), indicate that	change:
itle/ Capacity	<u>Name</u>	Address	Type of Actio
			DAdd
			Remov
			Add
			Remov
· · · · · · · · · · · · · · · · · · ·			[]^dd
		 	Remov
			Add
			Remove
			Add
aforementioned ame	cate, if required: no more than 90 c endment(s), duly authenticated by t te law of which this entity is organi	he official baving custody of records in the	Remov
		ne authorized representative	

Filing Fee: \$25.00



NORTH CAROLINA Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF AMENDMENT

OF

AVANOS MEDICAL SALES, LLC

the original of which was filed in this office on the 16th day of July, 2018.

TALLED

18 AUG IL ANII: 30

SECKEDARY OF STATE
ANI ANACSSEE STORM





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 13th day of August, 2018.

Elaine I Maishall

Secretary of State

SOSID: 1367468 Date Filed: 7/16/2018 10:48:00 AM Elaine F. Marshall North Carolina Secretary of State C2018 197 00031

State of North Carolina Department of the Secretary of State

Limited Liability Company AMENDMENT OF ARTICLES OF ORGANIZATION

Pursuant to §57D-2-22 of the General Statutes of North Carolina, the undersigned limited liability company hereby submits the following Articles of Amendment for the purpose of amending its Articles of Organization.

	-	•	•					
1.	The name of the limited liabilit	y company is:	anos Sales, LLC					
2.		The text of each amendment adopted is as follows (attach additional pages if necessary):						
	Article 1 of the Articles of Organization is deleted its entirety and replaced with a new Article 1 to read as follows							
	The name of the limited	liability company	is: Avanos Medical Sales, LLC					
		····						
3.	(Check either a or b, whichever	is applicable)						
-	A. The amendment(s) was (were) duly adopted by the majority vote of the organizers of the limited liability company prior to the identification of initial members of the limited liability company.							
	[7]		ted by the unanimous vote of the members	of the limited liability company				
	or was (were) adopted as other agreement.	vise provided in the	e limited liability company's Articles of O	rganization or a written operating				
4.	These articles will be effective	upon filing, unless	a date and/or time is specified:	· · · · · · · · · · · · · · · · · · ·				
This the	- 13.1 day of July	, 20	•	18 A SEC TALL				
			_					
			Avanos Sales, LLC	¥SSE ∓				
			Name of Limited Liability Company	AM III				
			Signature					
			S. Ross Mansbach, Secretary	, Company Official				
			Type or Print Name and Title	. ,				
NOTES	i:							
1.	Filing fee is \$50. This docume	-	•					
BUSIN	ESS REGISTRATION DIVISIO	N	P. O. BOX 29622	RALEÌGH, NC 27626-0622				

(Revised July 2017)

(Form L-17)