

8/2/22, 11:43 AM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

MI6 000005727

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HIOLOGIC (MA), LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

2022 AUG 2 11 21 AM

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2022 AUG 2 PM 3:14

APPROVED
 AND
 FILED

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: Hologic (MA), 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: M16000005727

3. Jurisdiction of its organization: Massachusetts

4. Date authorized to do business in Florida: 07/18/2016

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

5. New name of the limited liability company: Hologic Sales and Service, 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 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

APPROVED AND FILED


2022 AUG -2 PM 3:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input 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 authorized representative

Joe Davis, Manager

Typed or printed name of signee

Filing Fee: \$25.00

MA SOC Filing Number: 202230364640 Date: 6/13/2022 2:26:00 PM
6/13/2022 2:24:38 PM From: To: 61762433911 2/3 1

CERTIFICATE OF AMENDMENT
OF A DOMESTIC
LIMITED LIABILITY COMPANY

FEDERAL EMPLOYER ID. NO: 54-2074352

1. Name of Domestic Limited Liability Company: Hologic (MA) LLC
2. Date the original Certificate of Organization was filed: 09/03/2015
3. Name and business address, if different from its office address, of each Manager (if there are no managers, provide a statement to that effect):

CYTYC CORPORATION - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752

4. Name and business address, if different from its office address, of each person authorized to execute documents to be filed with the Division (at least one person being named if there are no managers):

JOHN M. GRIFFIN - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752

MARK W. IRVING - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752

MARCI LERNER - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752

5. Name and business address, if different from its office address, of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property whether to be filed with the Registry of Deeds or a district office of the Land Court, if any:

JOHN M. GRIFFIN - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752

MARK W. IRVING - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752

MARCI LERNER - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752

6. Amendment(s) to the Certificate of Organization is (are) as follows:

The name of the limited liability company is now Hologic Sales and Service, LLC

Numbers 4 and 5 have changed to:

JOHN M. GRIFFIN - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752

MARK W. IRVING - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752

MARCI LERNER - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752

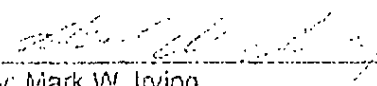
5/13/2022 2:24:22 PM From: To: 6176243821 (3/3)

7. This amendment is effective on June 13, 2022.

DATED: June 6, 2022

Hologic Sales and Service, LLC

By: Cytoc Corporation, its Member



By: Mark W. Irving

Authorized Signator

MA SOC Filing Number: 202230364640 Date: 6/13/2022 2:26:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles: and the filing fee having been paid, said articles are deemed to have been filed with me on:

June 13, 2022 02:26 PM

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

