8/2/22, 11:43 AM

Division of Corporations

Florida Department of State

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.

(((H22000260539 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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:

7.

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

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

Electronic Filing Menu — Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE

2022-08-02 10:31:39 PDT

AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA .

SECTION	I (1-4 must be completed)			
Name of limited liability Company as it appears State: Hologic (MA), LLC	on the records of the Florid	a Department of		
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)			12117	7022 DVG-
2. The Florida document number of this limited liab	oility company is: M160000	05727		› 듀
3. Jurisdiction of its organization: Massachusetts		 		X
 Date authorized to do business in Florida: 07/18 	/2016			<u>မှ</u>
SECTION II (5-9 complete only the applicable c	hanges)		7 - 1 - 1 - 1	_
5. New name of the limited liability company: Ho (must	logic Sales and Service, LLC contain "Limited Liability (Company, ""E.L.C	" or "L.L.C.)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the	ng business in Floric e alternate name. Tl	da and attach he alternate n	i a iame
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad-	d officer address on our reco dress here:	ords, <u>enter the name</u>	of the new	
Name of New Registered Agent:				-
New Registered Office Address:	Enter Flo	rida Street Address		-
	1211111110	Florida		
_	City	1 107104	Zip Code	-
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper e and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of thi	t and agree to act in this ca, and complete performance c ared agent as provided for it in the registered office addre	of my duties, and La i Chapter 605, F.S.	m familiar w Or, if this	vith

If Changing Registered Agent, Signature of New Registered Agent

From: Kaity Toor

Page: 4 of 7

. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
			□Add		
			□Remo		
			□Add		
			□Remo		
		, and a second s	□Add		
			□Remo		
			□Add		
			□Remo		
			DAdd		
aforementioned an	the law of which this entity is orga	the official having custody of records in th	□Remo e		

Filing Fee: \$25.00

MA SOC | Filing Number: 202230364640 | Date: 6/13/2022 2:26:00 PM 6713/2022 2:24:28 FM From: | Tel: 6176243891 (-2/3)

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 filled with the Registry of Deeds or a district office of the Land Court, if any:

 JOHN M. GRIEFIN 250 CAMPUS DRIVE MARI BOROUGH, MA 01752

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: JCHN M. GRIFF:N - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752 MARK W. IRVING - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752 MARCI LERNER - 250 CAMPUS DRIVE MARLBOROUGH, MA 01752 5/13/2020 2:24:28 PH From: To: 6176243891(3/5)

7. This amendment is effective on June 13, 20221.

DATED: June 6, 2022

Hologic Sales and Service, LLC

By: Cytyc Corporation its Member

By: Mark W. Irving

Authorized Signator

From: Kaity Too

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

A TRUE COPY ATTEST

Standard Francis Galvin
SECRETARY OF THE CUMVONWEALTH

7/19/2000