

M23000008090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

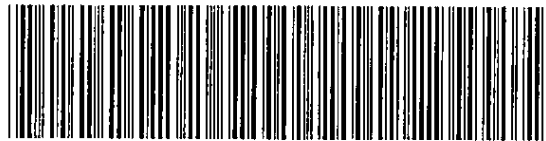
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only

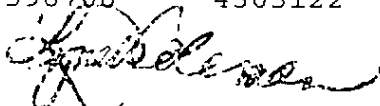


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RECEIVED  
2024 AUG 16 PM 3:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED  
08/16/24

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 596708 4305122  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : August 15, 2024

ORDER TIME : 1:42 PM

ORDER NO. : 596708-035

CUSTOMER NO: 4305122

FOREIGN FILINGS

NAME: 3M HEALTHCARE US OPCO 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: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3M Healthcare US Opco LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie A. Taylor

Name of Person

Fredrikson & Byron, PA

Firm/Company

60 S. 6th St., Suite 1500

Address

Minneapolis, MN 55402

City/State and Zip Code

jtaylor@fredlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie A. Taylor

at ( ) 612-492-7716

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: 3M Healthcare US Opco 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: M23000008090

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/21/2023

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

5. New name of the limited liability company: Solventum US 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

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:

Removing 3M Company Marcela due to error in name, adding four new managers as shown below.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	3M COMPANY Marcela	3M Center, Bldg 224-5N-40	<input type="checkbox"/> Add
		St. Paul, MN 55144	<input checked="" type="checkbox"/> Remove
Manager	Marcela Kirberger	3M Ctr., 2510 Conway Ave. E., Building 275	<input checked="" type="checkbox"/> Add
		Maplewood, MN 55144	<input type="checkbox"/> Remove
Manager	Chris Barry	3M Ctr., 2510 Conway Ave. E., Building 275	<input checked="" type="checkbox"/> Add
		Maplewood, MN 55144	<input type="checkbox"/> Remove
Manager	Mary Wilcox	3M Ctr., 2510 Conway Ave. E., Building 275	<input checked="" type="checkbox"/> Add
		Maplewood, MN 55144	<input type="checkbox"/> Remove
Manager	Carrie Kleppe	3M Ctr., 2510 Conway Ave. E., Building 275	<input checked="" type="checkbox"/> Add
		Maplewood, MN 55144	<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.

Justin McGough  
4EB5536D6C08468  
Signature of the authorized representative

Justin P. McGough

Typed or printed name of signee

Filing Fee: \$25.00

CSC 596708

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "3M HEALTHCARE US OPCO LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SOLVENTUM US LLC" ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2024, AT 6:47 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE EIGHTEENTH DAY OF JULY, A.D. 2024 AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



204175766  
JWB  
Jeffrey W. Bullock, Secretary of State

7284418 8320  
SR# 20243432675

Authentication: 204175766  
Date: 08-15-24

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)