

M23000008325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

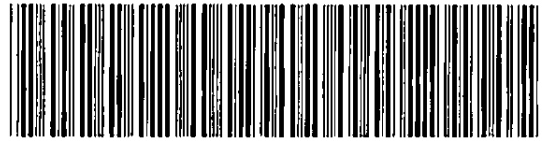
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT - 2 2024

Office Use Only



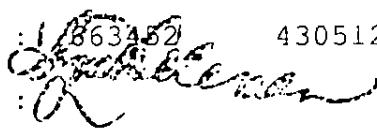
400436486394

FILED
2024 OCT - 1 PM 11:15
RECEIVED
2024 OCT - 1 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 663452 4305122

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : September 30, 2024

ORDER TIME : 2:22 PM

ORDER NO. : 663452-015

CUSTOMER NO: 4305122

FOREIGN FILINGS

NAME: 3M HEALTHCARE MANAGEMENT LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3M Healthcare Management 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

CR2E055 (9/15)

**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 Management 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: M23000008325

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/27/2023

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

5. New name of the limited liability company: Solventum Management 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 Garri Garrison, Carl Rychcik, and Quinn Weidall and adding new managers as shown below.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Director</u>	<u>Garri Garrison</u>	<u>3M Center, Building 2510 Conway Ave E</u>	<input type="checkbox"/> Add
		<u>Maplewood, MN 55144</u>	<input checked="" type="checkbox"/> Remove
<u>Secretary</u>	<u>Carl Rychcik</u>	<u>3M Center, Building 2510 Conway Ave E</u>	<input type="checkbox"/> Add
		<u>Maplewood, MN 55144</u>	<input checked="" type="checkbox"/> Remove
<u>Director</u>	<u>Quinn Weidall</u>	<u>3M Center, Building 2510 Conway Ave E</u>	<input type="checkbox"/> Add
		<u>Maplewood, MN 55144</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Sandra Nowak</u>	<u>3M Ctr., Building 275, 2510 Conway Ave. E.</u>	<input checked="" type="checkbox"/> Add
		<u>Maplewood, MN 55144</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Chris Barry</u>	<u>3M Ctr., Building 275, 2510 Conway Ave. E.</u>	<input checked="" type="checkbox"/> Add
		<u>Maplewood, MN 55144</u>	<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 _____ is organized.

Signed by: Justin McGough
 4EB6636D6C08466... Signature of the authorized representative

Justin P. McGough

 Typed or printed name of signee

Filing Fee: \$25.00

CSC 663452

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "3M HEALTHCARE MANAGEMENT LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SOLVENTUM MANAGEMENT LLC" ON THE TWENTY-FOURTH DAY OF JUNE, A.D. 2024, AT 6:45 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.




Jeffrey W. Bullock, Secretary of State

7284421 8320
SR# 20243831163

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204522625
Date: 10-01-24