

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM452340

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Biomet Microfixation, LLC		11/10/2015	Limited Liability Company: FLORIDA
RECEIVING PARTY DATA			
Name:	Zimmer Biomet CMF and Thoracic, LLC		
Street Address:	1520 Tradeport Drive		
City:	Jacksonville		
State/Country:	FLORIDA		
Postal Code:	33218		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 14			
Property Type	Number	Word Mark	
Registration Number:	5095958	OMNIMAX	
Registration Number:	5008638	RIBFIX BLU	
Registration Number:	4874687	CRANIOCURVE	
Registration Number:	4169410		
Registration Number:	4169409		
Registration Number:	3076302	STERNALOCK	
Registration Number:	2877716	RAPIDFIRE	
Registration Number:	2931570	MIMIX	
Registration Number:	3978660	IQ	
Registration Number:	2825696	W.LORENZ	
Registration Number:	2068954	CENTER-DRIVE	
Registration Number:	1690013	POW'R EDGE	
Registration Number:	1717829	W'.LORENZ	
Registration Number:	1314450	POW'R GRIP	
CORRESPONDENCE DATA			
Fax Number:	3176377561		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			

OP \$365.00 5095958

Phone: 3176343456
Email: docketdept@uspatent.com
Correspondent Name: Marta L. Paul
Address Line 1: 111 Monument Circle Suite 3700
Address Line 4: Indianapolis, INDIANA 46204

ATTORNEY DOCKET NUMBER: 65070-1

NAME OF SUBMITTER: GAIL MERCER, LEGAL ASSISTANT

SIGNATURE: /Gail Mercer/

DATE SIGNED: 11/28/2017

Total Attachments: 6

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208000021509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

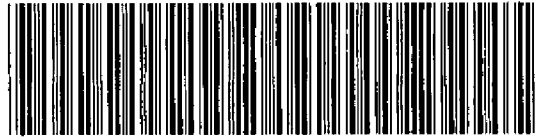
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only




200279132582

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 NOV 13 PM 4:42
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 NOV 13 AM 10:27
SECRETARY OF STATE
JALLAHASSEFF-FLORENTE

K. SALY
EXAMINER
NOV 16 2015 TRADEMARK
REEL: 006214 FRAME: 0396

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

ACCOUNT NO. : I20000000195
REFERENCE : 871201 7228054
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : November 12, 2015
ORDER TIME : 2:47 PM
ORDER NO. : 871201-005
CUSTOMER NO: 7228054

DOMESTIC AMENDMENT FILING

NAME: BIOMET MICROFIXATION, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

TRADEMARK
REEL: 006214 FRAME: 0397

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Biomet Microfixation, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy L. Whitman, Paralegal
Name of Person
Faegre Baker Daniels LLP
Firm/Company
600 E. 96th Street, Suite 600
Address
Indianapolis, IN 46240
City/State and Zip Code
heather.kidwell@zimmerbiomet.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy L. Whitman at (317) 569-9600
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 NOV 13 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Biomet Microfixation, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 11, 1991 and assigned
Florida document number L08000021509.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Zimmer Biomet CMF and Thoracic, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

No change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

ATTN: Legal Department

(Mailing address MAY BE A POST OFFICE BOX)

345 E. Main Street

Warsaw, IN 46580

B. If amending the registered agent and/or registered office 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:

No change

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**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Daniel P. Florin	345 E. Main Street	<input checked="" type="checkbox"/> Add
		Warsaw, IN 46580	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chad F. Phipps	345 E. Main Street	<input checked="" type="checkbox"/> Add
		Warsaw, IN 46580	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael T. Hodges	56 E. Bell Drive	<input type="checkbox"/> Add
		Warsaw, IN 46581	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffrey R. Binder	56 E. Bell Drive	<input type="checkbox"/> Add
		Warsaw, IN 46581	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan M. Grandon	56 E. Bell Drive	<input type="checkbox"/> Add
		Warsaw, IN 46581	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 NOV 13 AM 10:28
 INDIAN STATE
 SECRETARY OF STATE
 FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


Multiple horizontal lines for amending information.

2018 NOV 13 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: Upon filing (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 10, 2015



Signature of a member or authorized representative of a member

Biomet, Inc., Member, By Heather J. Kidwell, VP and Assistant Secretary

Typed or printed name of signee