



COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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AMD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
8/17/2022 11:12 AM
Fee Receipt: \$40.00

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Amended Certificate of Authority
(Foreign Business Entity)

FCA

Pursuant to the provisions of KRS Chapter KRS 14A and 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is: ☒ profit corporation (KRS 271B) ☐ nonprofit corporation (KRS 273).
☐ professional service corporation (KRS 274). ☐ business trust (KRS 386).
☐ limited liability company (KRS 275). ☐ limited partnership (KRS 362).
☐ professional limited liability company (KRS 275) ☐ statutory trust (KRS 386).
☐ limited cooperative association ☐ non-profit LLC (KRS 275).
☐ cooperative association

2. The name of the company is: Orthofix Inc.
(The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of Minnesota.

4. The entity received authority to transact business in Kentucky on 03/26/1996.

5. The entity has changed its (check all that apply)

- ☒ Domicile name to Orthofix US LLC
☒ Name to be used in Kentucky to Orthofix US LLC
☒ Jurisdiction of organization to Delaware
☐ Period of duration _____
☒ Form of organization Limited Liability Company
☒ Management type: ☐ Member managed ☒ Manager managed

6. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The effective date is _____.

Please indicate the county in which your business operates: County: _____	
To complete the following, please shade the box completely.	
Please indicate the size of your business: <input type="checkbox"/> Small (Fewer than 50 employees) <input checked="" type="checkbox"/> Large (50 or more employees)	Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned
Please indicate which of the following best describes your business:	
<input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Public Administration <input type="checkbox"/> Other	<input type="checkbox"/> Mining <input type="checkbox"/> Retail Trade <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services <input type="checkbox"/> Services <input checked="" type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Finance, Insurance, Real Estate

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Authorized Representative

Stacy Kohn
Printed Name

VP of Tax
Title

8/11/2021
Date