P 190000 30879

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	VASCULAR SOL RATION:	UTIONS CORP	
DOCUMENT NUMI	P19000030879 BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JOSE A SEGURA		
	VASCULAR SOLUTIONS O	Name of Contact Persor CORP	1
	19150 SW 127 PL	Firm/ Company	
	MIAMI, FL. 33177	Address	
		City/ State and Zip Code	e
JOSE	COORAY@ARCOIOOTRA	ОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
JOSE A SEGURA		786 at (+++-2826)
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(<u>Nan</u>	ne of Corporation as curre	ntly filed with the Florida D	ept. of State)	
VASCULAR SOLUTIONS CORP.	P19000030879			
	(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 6 its Articles of Incorporation:	07.1006, Florida Statutes, th	sis Florida Profit Corporation	a adopts the following	ng amendment(s) (
A. If amending name, enter the new	name of the corporation:			
				The new
name must be distinguishable and c "Corp.," "Inc.," or Co.," or the des word "chartered," "professional asso	ignation "Corp," "Inc," or	"Co". A professional corp		ıbbreviation -
B. Enter new principal office addre	ss, if applicable:			
(Principal office address MUST BE A				
				
C. Enter new mailing address, if ap			<u>:</u> :	2019
(Mailing address <u>MAY BE A POS</u>	T OFFICE BOX)		·	
				2
				N IT:
				主し
 If amending the registered agent new registered agent and/or the 			name of the	φ; -
new registered agent and/or the	new registered office additi	<u></u>	Ξ.	
Name of New Registered Age	<u>nt</u>			_
				_
	(Florida	street address)		
New Registered Office Addre.	<u>vv:</u>		, Florida	
		(City)	(Zip	Code)
N D :				
New Registered Agent's Signature, i I hereby accept the appointment as res			ions of the position.	
	, <u> </u>		<i>y y</i>	
		<u> </u>		_
	Signature of New	Registered Agent, if changin	ıg	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	JOSE A SEGURA OCHOA	19150 SW 127 PL
X Add			MIAMI, FL, 33177
Remove			
Charge			
2) Change			_
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

Attach a	ding or adding a additional sheets.	, if necessary).	(Be specific)				
					· · · · · · · · · · · · · · · · · · ·		
					7		
							
							
							
a							
<u>I an am</u> provisio	endment provid ons for impleme	<u>Jes for an exch</u> enting the ame	<u>ange, reclassi</u> ndment if not	<u>fication, or ca</u> contained in t	<u>ncellation of is:</u> he amendment	sued shares, itself:	
(if i	not applicable, ir	ndicate N/A)	incanicul ii iiii	tvatanica iii v	The difference of the same of	THE STATE OF THE S	
			. <u></u>				

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Ž		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man straigs after amenament fre date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory tiling requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	ı
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ıt
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
04/19/20	119	
DatedSignature		
(By a selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	JOSE A SEGURA OCHOA	
	(Typed or printed name of person signing)	
	INCORPORATOR, PD.	
	(Title of person signing)	