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| Special Instructions | to Filing Officer: | |
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SECRETARY OF STATE

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empoweding a meric as a entrepreneurs enitia corporation p.o. box 495 dexter, mi 48130

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

January 18, 2010

Re: 3D Medical Manufacturing, Inc.

Dear Sir or Madam:

Enitia Corporation has been authorized by George W. Taylor to file the enclosed Articles for 3D Medical Manufacturing, Inc. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free) edstahlin@enitia.com

We have enclosed an additional \$8.75 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin Enitia Corporation

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF COR | PORATION: 3-D Maching | , Inc. | |
|--------------------------------------|---|---|---|
| DOCUMENT NU | JMBER: | | |
| The enclosed Artic | cles of Amendment and fee a | are submitted for filing. | |
| Please return all co | orrespondence concerning th | is matter to the following: | |
| | | Edward Stahlin | |
| | 7 | Name of Contact Person | |
| | D | irect Incorporation | |
| | | Firm/ Company | |
| | 123 N | I. Ashley St. Suite 123 | |
| | | Address | |
| | | nn Arbor, MI 48104 | |
| | | ity/ State and Zip Code | |
| | documents@ E-mail address: (to be use | directincorporation.com d for future annual report notification) | |
| For further inform | ation concerning this matter, | please call: | |
| | Edward Stahlin | —— " \————/———————————————————————————— | 81-6496 |
| Name | of Contact Person | Area Code & Daytime Tel | lephone Number |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida Depar | tment of State: |
| □ \$35 Filing Fee | ✓ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing A Amendmer Division of | | Street Address Amendment Section Division of Corporations | |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

| O D Marchine Inc. | | 9/// | MAY S |
|--|------------------------------|---|----------------------------|
| 3-D Maching, Inc. (Name of Corporation as curre | ntly filed with the Floric | la Dept. of State | JAN 26 AN II. |
| , | | | SENDE |
| (Document Num | ber of Corporation (if known | own) | FLORIE |
| rsuant to the provisions of section 607.1006 endment(s) to its Articles of Incorporation: | 5, Florida Statutes, this F | | ~X! |
| If amending name, enter the new name of | the corporation: | | |
| 3D Medical Manufacturing, Inc. | | | The new |
| me must be distinguishable and contain t breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "proj | designation "Corp," "In- | c," or "Co". A professional | ted" or the corporation |
| Enter new principal office address, if appl rincipal office address MUST BE A STREE | | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | _ |
| (Mailing address MAY BE A POST OFFIC | | | |
| | | | |
| | | | _ _ |
| If amending the registered agent and/or re | egistered office address | in Florida, enter the name of | the |
| new registered agent and/or the new regis | | *************************************** | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (Florida street | address) | |
| | | , Florida | |
| - | (City) | (Zip Code) | |
| ew Registered Agent's Signature, if changin | og Registered Agent: | | |
| ereby accept the appointment as registered ag | | and accept the obligations of th | he position. |
| | | | |
| | ianature of New Registers | ad Agant if changing | |

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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--|--------------------------------|------------------|
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| | | | |
| | | | ☐ Add☐ Remove |
| | | | □ Add |
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| | nding or adding additional Articles, additional sheets, if necessary). (Be | | |
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| | amendment provides for an exchang | | |
| | sions for implementing the amendment of the amendment of the second section (not applicable, indicate N/A) | ent if not contained in the ar | nendment itself: |
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| The date of each amendment | |
|--|--|
| Tee- at Jak- ifaliaabla. | (date of adoption is required) |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated | Jan 14, 2010 |
| (By sele | y a director, president or other officer, if directors or officers have not been exted, by an incorporator – if in the lands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | Tumes E. Dayis Tr. (Typed or printed name of person signing) |
| | President (Title of person signing) |