

(Re	equestor's Name)	
`	,	
(Ac	ldress)	
(Āc	ldress)	
(Ci	ty/State/Zip/Phone #	
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Name)	
`		
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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R. WHITE NOV - 3 2017



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Rhein Medical, Inc.
DOCUMENT NUMBER:	K25489
The enclosed Articles of Amendm	ent and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
	John A. Bee
	Name of Contact Person
	Firm/ Company
	2269 Grissom Drive
	Address
	St. Louis, MO 63146
	City/ State and Zip Code
	rheinmed@aol.com
E-mail	address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
John A. Bee	at (
Name of Contact Pe	erson Area Code & Daytime Telephone Number
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:
	S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Cer
Mailing Address Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	ion Amendment Section orations Division of Corporations Clifton Building

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation

17 NOV -1 AH 10: 54

SECRETARY DE STATE : TALEAHASSEE FLORIDA

(Name of Corporation as cur	rently filed with the Florida Dept. of State)
K25489	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>n:</u>
Rhein Precision, Inc.	Thenew
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ion "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2269 Grissom Drive
- OMBIUNG BRAFESS MATERY, A PUNICOPPULE BUXT	
(Mailing address MAT BE A POST OFFICE BOX)	St. Louis, MO 63146
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ado 	address in Florida, enter the name of the
). If amending the registered agent and/or registered office	address in Florida, enter the name of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent	address in Florida, enter the name of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent	address in Florida, enter the name of the iress:

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 Doc	
X Remove	<u>Y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	<u>.</u>	_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if ne	ional Articles, enter ch cessary). (Be specific) —		
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an amendment provides fo	r an exchange, reclass	ification, or cancel	lation of issued shar	es,
provisions for implementing	the amendment if not	contained in the a	mendment itself:	
(if not applicable, indicat	e N/A)			
 				
 				
	- ,			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
John A. Bee	
(Typed or printed name of person signing)	·
C.E.O	
(Title of person signing)	

. . . .