# 118358

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(Cit	:y/State/Zip/Phone	#)
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DIVISION OF CORPORATIONS

Amend Manuch 8 03/8/11

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	Circulatory Support, Inc	·
DOCUMENT NU	MBER:	L18358	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning the	_	
		Pat Cacace	
	, , , , , , , , , , , , , , , , , , ,	lame of Contact Person	
		Firm/ Company	<del> </del>
	27	03 Day Avenue, #9	
		Address	
		ami, Florida 33133	
		supp@aol.com	
<u></u>	E-mail address: (to be use	d for future annual report notification)	fa.
For further information	ation concerning this matter,	please call:	7
	Pat Cacace	at ( 305 ) 52	5-578(x)
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Departr	nent 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 Amendmen	nt Section	Street Address Amendment Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

#### **Articles of Amendment Articles of Incorporation** of

### Circulatory Support, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

	L18358	
(Document N	lumber of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		lorida Profit Corporation adopts the fol
A. If amending name, enter the new nam	e of the corporation:	
	-Girc-Sup;-Inc:	The new
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," " <sub>I</sub>	the designation "Corp," "Inc	e," or "Co". A professional corporation
B. Enter new principal office address, if a	pplicable:	
(Principal office address <u>MUST BE A STR</u>	EET ADDRESS)	
	<del></del>	·
	<del></del>	
C. Futuu u ama maddina a Jilmaa if amuliaal	bř	
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		
	w	
D. If amending the registered agent and/o		n Florida, enter the name of the
new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent:		<del>, ,</del>
•		
New Registered Office Address:	(Florida street a	address)
		, Florida
	(City)	(Zip Code)
None Designational Assemble Clausers of the		
New Registered Agent's Signature, if char I hereby accept the appointment as registere		and accept the obligations of the position
au apponimion su rogistico		
, , , , , , , , , , , , , , , , , , ,	- C)	14
	Signature of New Registered	d Agent, 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>	Name	Address	Type of Acti
Presided	Mary & Carace	Miane Fl 3	Add Remove
<del> </del>			
	· · · · · · · · · · · · · · · · · · ·		Add   Remove
K If an ame	endment provides for an exchange, re	classification or cancellation of	issued shares
provision	s for implementing the amendment if	not contained in the amendme	nt itself:
(if not	applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·	
	<del></del>		