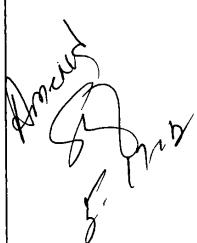
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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	05/14/120101901
(Document Number)	
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COVER LETTER

Division of Corporations DO VENTUS MEDICAL CRITTER THE The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AMPLES W. Loliez Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

30/2 78/3/2000	May 14	100
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INVENTUS A	1EDICAL C	EMTER -	two.	
(Name of Corporation as currently file	ed with the Florida D	ept. of State)	,	1916.
Pio	0000742	064		্য
(Document Number of C	Corporation (if known)			
	-			
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this <i>Florida I</i>	Profit Corporation ado	pts the following	amendment(s) to
. If amending name, enter the new name of the cor	poration:			
				The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp." ord "chartered," "professional association," or the a	" "Inc," or "Co". A	npany," or "incorpor professional corporati	ated" or the abli ion name must co	breviation ontain the
. Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDI</u>	<u>RESS</u>)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
				
). If amending the registered agent and/or registered		lorida, enter the name	e of the	
new registered agent and/or the new registered o	ottice address:			
Name of New Registered Agent			•	
	(Florida street addre	rs)		
New Registered Office Address:		, Florida		
· Acquirer of Office Many c.s.	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and	accept the obligations	of the position.	
Signature of No.	w Registered Agent, if	chanaina		
Signature of Ne	a registered rigent, y	emanging		

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)	Title	<u>Name</u>		<u>Addres</u> s	r.a.
Change Add Remove	M	ALEXAN	DER A. MIFA	MAG MGS W. Y	9 x # 2012 EL 33012
2) Change Add Remove					
3) Change Add Remove	<u></u>				
4) Change Add Remove					
5) Change Add Remove		<u></u>			
6) Change Add Remove					

		ssary). (Be speci			
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f an amendment	t provides for	an exchange, recla	assification, or ca	ncellation of issued	shares,
provisions for it	t provides for mplementing t	<u>the amendment if </u>	assification, or ea not contained in	ncellation of issued the amendment itself	shares. <u>:</u>
provisions for it	mplementing t	<u>the amendment if </u>	assification, or ca not contained in	ncellation of issued the amendment itself	shares,
provisions for it	mplementing t	<u>the amendment if </u>	assification, or cannot contained in	ncellation of issued the amendment itself	shares, <u>:</u>
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The date of each amendment(s) adoption:
Effective date if applicable: 5/16/12
(no more than 90 days after amendment file date)
r ,
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):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ 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 X O X Y X O X Y
Signature (III)
(By a different president or other officer – if directors or officers have not been
coleded, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
TVAN GARGA (Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)