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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: Venous Solutions,	Inc.	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Jennifer A. Sutphin		
•		Name of Contact Person	n
	Venous Solutions, Inc.		
•		Firm/ Company	
	1822 Hollenbeck Drive		
•		Address	
	Orlando, FL 32806		
•	<u> </u>	City/ State and Zip Cod	e
venou	ssolutions@gmail.com		
		ed for future annual report	notification)
For further information Jennifer A. Sutphin	concerning this matter, pleas		224 6214
	00 5	at (407	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Venous Solutions, Inc.	15 JUN 22 PM 2: 23
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P15000041058	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The way
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association." or the abbreviation	r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(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)	N/A
D. If amending the registered agent and/or registered office ad	Idress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u>288:</u>
Name of New Registered Agent N/A	
(Florida :	street address)
New Registered Office Address:	. Florida
The stage of the s	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familia	nt: or with and accept the obligations of the position
Tumifumitu	and decept the congulators of the position.
Signature of New	Registered 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):

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.

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	Name	<u>Addres</u> s		
1) Change	D 	Jennifer A. Gardner	5669 Lake Maryjess Shores		
Add			Orlando, FL 33839		
X Remove					
2) X Change	P	Jennifer A. Sutphin	1822 Hollenbeck Drive		
Add			Orlando, FL 32806		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add			· · · · · · · · · · · · · · · · · · ·		
Remove					
5) Change	<u></u>				
Add					
Remove					
6) Change					
Add					
Remove					

I/A	litional sheets,	, if necessary).	cles, enter chans (Be specific)				
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	<u>dment provid</u>	les for an exch	ange, reclassifica	ation, or cancell	ation of issued	<u>shares,</u>	
If an amen	e for implama	diting the amer	iumem ii not coi	ntaineu in the at	<u>nenament itsell</u>	<u>[:</u>	
provision:	<mark>s for impleme</mark> t applicable, in	ndicate N/A)			<u> </u>		
provision: (if not	s for impleme t applicable, ir	ndicate N/A)		•	-		
provision: (if not	s for impleme t applicable, in	ndicate N/A)					
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provision: (if not	s for impleme	ndicate N/A)					
provision: (if not	s for impleme	ndicate N/A)					

The date of each amendment(s) adopt	lion:	, if other than the
date this document was signed.		FILEG
Effective date if applicable:		SECRETARY OF STATE DIVISION OF CORPORATIONS
Effective date in applicable.	(no more than 90 days after amendment file date)	
	(100 mar 2 may 2 agree mar 2 mar 2 may 2 agree mar 2 m	15 JUN 22 PM 2: 23
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirements, this ament of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment ient for approval.	t(s)
	ed by the shareholders through voting groups. The following states h voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
action was not required.	d by the board of directors without shareholder action and sharehold by the incorporators without shareholder action and shareholder	der
Dated Signature	5/2015	
(By a direction of the selected, b	ion president or other officer – if directors or officers have not bee y an incorporator – if in the hands of a receiver, trustee, or other confiduciary by that fiduciary)	
Jer	unifer A. Sutphin Jennifer Sut	our
	(Typed or printed name of person signing)	•
Pre	esident	
_	(Title of person signing)	