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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	tion: <u>Revo</u>	Medical	Products Inc
DOCUMENT NUMBER	1: <u>P2100</u> 1	0073660	
The enclosed Articles of a	Amendment and fee are sul	bmitted for filing.	
Please return all correspon	ndence concerning this mat	tter to the following:	
	George Br	Name of Contact Person	1
		Firm/ Company	
Į	5835 wood	iand Spring	Ct
		Address	
	oriando FL	3282 \rightarrow \footnote{2} \rightarrow \foo	
		City/ State and Zip Cod	e
	E-mail address: (to be us	ed for future annual report	notification)
For further information ec	oncerning this matter, pleas	se call:	
George Bor	ontact Person	at (<u>407</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made p	payable to the Florida Dep	artment of State:
S35 Filing Fce	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Divisioi P.O. Bo	Address ment Section n of Corporations x 6327 ssee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to

Articles of Incorporation

of

Revo Medica	1 Products	Inc	
	ition as currently filed with t		
P210	0000 73660		
(Doc	ument Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006. Flor its Articles of Incorporation:	ida Statutes, this <i>Florida Profi</i>	t Corporation adopts the fo	llowing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
The Revo Gr name must be distinguishable and contain the word	OUP, Inc.		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	c," or "Co". A professiona	"incorporated" or the abbr l-corporation name must	eviation "Corp.," contain the word
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X</u>)		
D. <u>If amending the registered agent and/or registered agent and/or the new registered</u>		a, enter the name of the	
Name of New Registered Agent			
	(Florida street address)	·	
No. 1 Province and COD on Addition	,	Florida	
<u>New Registered Office Address</u> :	(City)		(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		ot the obligations of the pos	ition.
Sig	gnature of New Registered Age	nt, if changing	

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X 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			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

(1	ticles, enter change(s) here: (Be specific)
<u> </u>	
	
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·	
If an amandanast provides for an area	house restaurification or separation of invest shares
provisions for implementing the ame	change, reclassification, or cancellation of issued shares, incomment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u>-</u>
	

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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 document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will a State's records.	not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amendment(s) approval.	
	c shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by	,,**	
(voi	ing group)	
selected, by an inco appointed fiduciary	•	_
x George	Typed or printed name of person signing)	
x Resi	dent	