P930002530

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
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SALLAHASSEE, FLORIE

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NIXON PEABODYLLP

7121 Fairway Drive Suite 203 Palm Beach Gardens, Florida 33418 (561) 691-5420 Fax: (561) 691-5421

Lazaro J. Mur Direct Dial: (561) 691-5427 Direct Fax: (866) 871-0267 E-Mail: lmur@nixonpeabody.com

August 27, 2007

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

RE: World Triumph Medical, Inc. – Name Change

Our File No. 043772.000001

Dear Sir/Madam:

Enclosed is the Articles of Amendment to Articles of Incorporation of World Triumph Medical, Inc. together with our check in the amount of \$43.75 for the filing fee and certificate of status.

Sincerely,

Lazaro J. Mur

LJM/kmw Enclosures

COVER LETTER

TO: Amendment Section

Division of Corporations
•
NAME OF CORPORATION: World Triumph Medical, Inc.
DOCUMENT NUMBER: <u>P93000002530</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lazaro J. Mur Esq. (Name of Contact Person)
(Name of Contact Person)
Nixon Peabody LLP (Firm/Company)
(Firm/Company)
7121 Fairway Drive, Suite 203 (Address)
Palm Beach Cardens, FL 33418-3764 (City/ State and Zip Code)
For further information concerning this matter, please call:
Lazaro J. Mur Esq. at (56) 691-5427 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Sectificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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FALLAHASSEE FLORIDA

World Triumph Medical, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

P930000 \$530
(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
IVEICO
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A

(continued)

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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)
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.
Signature
(By a director, president or either 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)
(Typed or printed name of person signing)
Attorney Registered Agent (Title of person signing)

FILING FEE: \$35