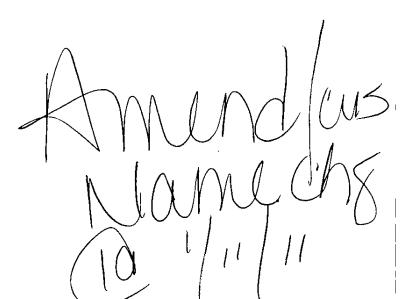
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## **COVER LETTER**

TO: Amendment Section\*

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: VENTURE MEDICAL DEVICES, INC **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 7040 WINNERS CIRCLE

Address

ODESSA, F1, 33556

City/ State and Zip Code KNE/SONE CARTHINK, NET For further information concerning this matter, please call: at (8/3 453 26 //
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **■\$43.75** Filing Fee & ☐ \$52.50 Filing Fee ☐ \$35 Filing Fee [7] \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) **Certified Copy** (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

VENTURE MEDICAL DEVI			
(Name of Corporation as currently filed wit	h the Florida Dept. o	of State)	
P98000102952			
(Document Number of Corpor			•
Pursuant to the provisions of section 607.1006, Florida Statementment(s) to its Articles of Incorporation:	tutes, this <i>Florida P</i> r	rofit Corporation a	dopts the follow
A. If amending name, enter the new name of the corporat	tion:		
INFINITI LARS	Talc		The new
TNFINIFI LABS, and contain the word "contain the word "contain the word "contain the contain the word "chartered," "professional asso	"Carp," "Inc," or "C	lo". A professiona	ated" or the corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6015	BENJAMIN 315	Road
	Suite:	319	# 315
	TAMPA	33634	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	NSTON OF CORPUS 11 JAN -6 AH 11: 12
D. If amending the registered agent and/or registered office:		a, enter the name	of the 12
Name of New Registered Agent:			
New Registered Office Address: (FI	orida street address)	<del></del>	
		, Florida	
(Ci	ty)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ot the obligations o	f the position.
Signature of N	ew Registered Agent	if changing	

The date of each amendment(s) adoption: 12/18/2010
(date of adoption is required)
Effective date if applicable: 12/18/2010 (no more than 90 days after amendment file date)
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 stateme 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
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 12-20-2010
Signature  (By a director, president or other 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)
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)