DOC ID ----> 201112400897

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/05/2011	201112400897	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

BUECHNER HAFFER MEYERS & KOENIG CO LPA
105 E. 4TH ST., STE. 300
CINCINNATI, OH 45202

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

1999338

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CARDIOSOLUTION, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
AMEND/ARTICLES-ORGANIZATION/DOM. LLC	**201112400897**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of May, A.D. 2011.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201112400897

Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
○ Expedite	PO Box 1390 Columbus, OH 43216
*** Requires an additional fee of $100 ***	
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www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee $50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company	(2) Domestic Limited Liability Company
☑ Amendment (129-LAM) February 22, 2011 Date of Formation	☐ Restatement (142-LRA) Date of Formation

The undersigned authorized representative of:

CardioSolutions, LLC
Name of limited liability company

1999338
Registration number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

CardioSolution, LLC
Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of: N/A
Period of Existence

Purpose

N/A

☐ **Check here if additional provisions are attached**

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REQUIRED
Must be **(signed)** by a member, manager or other representative.

Signature _____ Date 4/28/11

Brent D. Loring, Manager
Print Name

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____