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State of Rhode Island
Department of State - Business Services Division

Articles of Amendment

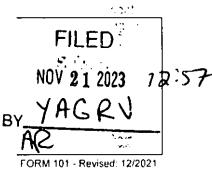
DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL <u>7-1,2-905</u>, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number:	2. The name of the corporation is:	
001335293	Noris Medical, Inc.	
by the board of directors of	corporation (or, where no shares have been the corporation) in the manner prescribed adment(s) to the Articles of Incorporation or	by RIGL 7-1.2 11/19/2023
4. If the entity's name is cha state the new name:	anging,	
		Check the box to indicate no change 🖌
5. If the total authorized sha Total Authorized Si (Number of Shares	hares Class of Stock	ection: *List ALL authorized shares as of this amendment. Par Value Per Share
2,000	Class A Voting	\$0.0100
500	Class A Non-Voting	\$0.0100
If you desire, you may inclu including voting rights, and RIGL <u>7-1.2</u> . State any provisions here (the qualifications, limitations, or restrictions	tions and the power, preferences, and rights, s of them which are permitted by the provisions of Check the box to indicate an attachment
State any provisions here (
		Check the box to indicate no change
6. If the period of its duratio	in is changing complete the following section	
Date certain for dissolu	ution	Check the box to indicate no change 🗹

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



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7. If the entity's purpose is changing complete the following section: "The new purpose show	uld include ALL activity to be	
transacted in the State of Rhode Island.	·	
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		• •
Check the box to indicate an attachment Check	 the box to indicate no char	nge 🔽
8. If adding or amending additional provisions, complete the following section:		
Check the box to indicate an attachment	the box to indicate no char	nge
Check the box to indicate an attachment Check the box to indicate an attachment Check the second sec	the box to indicate no char	nge 🖌
	the box to indicate no char	nge 🔽
9. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.		nge 🔽
 9. As required by RIGL <u>7-1.2-105</u>, the entity has paid all fees and taxes. 10. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY 		
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State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 21, 2023 12:57 PM

Treng M. Course

Gregg M. Amore Secretary of State

