L190000 44578

(Requestor's Name)	
(Address)	7003
(Address)	
(City/State/Zip/Phone #)	
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	03/15/
(Business Entity Name)	
(Document Number)	
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COVER LETTER

	Registration Se Division of Cor		,	•
eun irz		are Solutions LLC	•	1
SUBJEC	. I :	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Andrew Burdziakowski		
			Name of Person	
		EC Healthcare Solutions L	LC	
			Firm/Company	
		4006 Savage Station Circle	:	
			Address	
		New Port Richey, FL 3465	3	
			City/State and Zip Code	
		andrewburdziakowski@yah	oo.com to be used for future annual report not	tication)
For furth	ner information c	oncerning this matter, please c		included,
Andrew	Burdziakowski		727 207-4525	
Name of Person		at () Area Code Daytim	ne Telephone Number	
Enclosed	I is a check for th	he following amount:		
■ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		Street Address: Registration Se	ction
	Division of C	Corporations	Division of Cor	rporations
P.O. Box 6327		The Centre of T	Lattahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EC Healthcare Solutions LLC		<u> </u>
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/13/2019	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limi	ted liability company here:	
Articles of Organization for this Limited Liability Company were filed on 02/13/2019 and assigned da document number L19000044578 amendment is submitted to amend the following: Tamending name, enter the new name of the limited liability company here: Tops LLC Ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Truew principal offices address, if applicable: Icipal office address MUST BE A STREET ADDRESS) Truew mailing address, if applicable:		
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		. 1
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	l office address on our records, <u>enter th</u>	ie name of the new regist
gent and/or the new registered office address here:		
		•
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		- :
New Negistered Office Address.	Enter Florida street address	
	. Flor	ida
	City	ida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□Change

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ve date, if other than the date entire date is listed, the date must be so if the date inserted in this block dont's effective date on the Depart	pecific and cannot be prior to loes not meet the applicab	date of filing or more than le statutory filing requi	(optional) 90 days after filing.) Pursi rements, this date will r	ant to 605. ot be liste
ord specifies a delayed eff 90th day after the record		an effective time, a	nt 12:01 a.m. on th	ne earlie
March 08	2021	. •		