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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future 🖴 annual report mailings. Enter only one email address please.**

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HILLTOP USA DISTRIBUTION LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hilltop USA Distribution LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida	Limited Liability Company)	<u></u> ,
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/09/2021	and assigned
Florida document number L21000113542	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
MedEcho Products LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registered
		SS -1
Name of New Registered Agent:		P 2
New Registered Office Address:		21 2 m
	Enter Florida street addres.	2 P
		orida <u>卓計</u> 元
	City	Zip Gode
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a	ind agree to act in this capacity. I fu	rther agree to comply with the

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 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>	<u>Name</u>	Address	Type of Action
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(If an effe Note:	ve date, if other than the date of filing:
the record cord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated .	September 22 2021
	Signature of a member or authorized representative of a member
	Riley Park
	Typed or printed name of signee