## L10000131841

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N. Cuillgan AUG 15-2013

## **COVER LETTER**

TO: R	egistration Sec ivision of Corp	ction porations *		
SUBJECT	Newtop, L	LC		
50 <b>5</b> 0201			ed Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Vladimir Poteyev		
			Name of Person	
		Newtop, LLC		
			Firm/Company	
		15811 Collins Avenue	e, suit 4004	
			Address	······
		Sunny Isles Beach 33	3160	
			City/State and Zip Code	
		Ilcnewtop@gmail.com	no be used for future annual report notification	on)
For further	information co	oncerning this matter, please ca	•	,
Vladimir	Poteyev		<sub>at (</sub> 786 <sub>)</sub> 528-6958	
	Name of	Person	Area Code & Daytime Te	lephone Number
Enclosed is	s a check for the	e 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2813 AUG 14 PM 12: 14

Newtop, LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

The Articles of Organization for this Limited I	Liability Comp	pany were filed on 12/28	/2010 and assigned
Florida document number L10000131841	·		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "	Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRES.</u>	<u>(S)</u>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	EBOX)		
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the new
Name of New Registered Agent:	N/A		<u></u>
New Registered Office Address:	N/A		
		Enter	Florida street address
	<del> </del>	Citv	, Florida Zip Code
		Ciţv	<b>г</b> ір Соае

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	R. Craig Anderson	15811 Collins Avenue, suit 4004	Add
		Sunny Isles Beach, FL 33160	Remove
MGRM	Vladimir Poteyev	20533 Biscayne Blvd., suit 242	Add
		Aventura, FL 33180	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

N/A			
100	<del></del>		
August 9th	2013		
	······································	• •	
	Signature of a member or auth	norized representative of a m	ember
R. Craig Ander	son Esa A CAA	a Long	Esq.
, = raig / iriagi		1 enough	,
	lyped or pripa	ed name of signee	/

Filing Fee: \$25.00

SECRETARY OF STATE