

L13000049827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

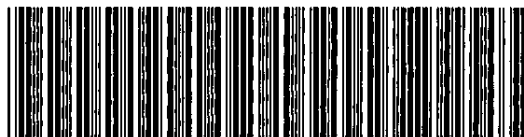
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 FEB 10 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOT FBS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Summers
Name of Person

Net Element, Inc.
Firm/Company

3363 NE 163rd St., Ste 705
Address

N. Miami Beach, FL 33160
City/State and Zip Code

JNO@NetElement.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Summers at (786) 923-0526
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

TOT FBS, LLC

(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 Liability Company were filed on 4/4/13 and assigned
Florida document number L13000049827

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Same / No Change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same / No Change

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jonathan New c/o TOT Group, INC.

New Registered Office Address:

3363 NE 163rd St. Ste 705

Enter Florida street address

North Miami Beach Florida

City

33160

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 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.

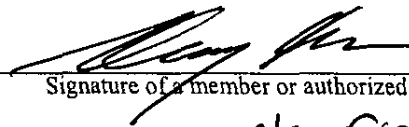
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
mgrm	TOT Payments, LLC	3363 NE 163rd St. Ste. 705 North Miami Beach, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgr	TOT Group, INC	3363 NE 163rd St. Ste 705 North Miami Beach, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mgr	Oleg Firer	3363 NE 163rd St. Ste 705 North Miami Beach, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 12/19/ 13



Signature of a member or authorized representative of a member

deg Fier

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 FEB 10 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA