# L09000052548

(Requestor's Name)			
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PICK-UP WAIT MAIL			
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SECRETARY OF STATE

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

Richter Capital 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:

## Ralph M. Richter

Name of Person

Firm/Company

3050 Levanto Drive

Address

Melbourne FL 32950

City/State and Zip Code

rmrsar@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Ralph M. Richer

321 504-0383

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

RICHTER CAPITAL LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our I Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 06/01/200	9 and assigned
Florida document number L0900052548		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
Accounting WorX LLC		
The new name must be distinguishable and end with the words "LiL.L.C."	mited Liability Company," the	designation "LLC" or the abbreviati
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		- A R R
		FIL MASS
Enter new mailing address, if applicable:		me u
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	PH 4: 2
	<del></del>	Red f:
		A A
3. If amending the registered agent and/or registered		ords, enter the name of the n
registered agent and/or the new registered office address h	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida	
	City	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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member <u>Title</u> Name **Address** Type of Action Add Remove Remove Remove Remove Remove

<del></del>		
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October 6th	2013	
Rum G		
•	e of a member or authorized representative of a	member
Ralph M. Richter	Transfer printed some of signer	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	≅% ಹ

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ALLAHASSEE, FLORIDA