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SECRETARY OF STATE

B. BOSTICK

JAN 1 4 2013

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Arche	r Capital, LLC			
	Name of Limited Liability Company			
The enclosed Articles of A	mendment and fee(s) are submitted for filing.			
Please return all correspon	dence concerning this matter to the following:			
	Lindsay Yuen			
	Name of Person			
	Cole-Frieman & Mallon LLP			
	Firm/Company	•		
	One Sansome Street, Suite 1895			
	Address	,		
	San Francisco, CA 94104	· AL		
	City/State and Zip Code	A A	3 J	
	lyuen@colefrieman.com	#A	Ξ	R.Sa
	E-mail address: (to be used for future annual report notification)	SE SE	_	
For further information co	ncerning this matter, please call:	ند. ش	P	
Lindsay Yue	en at 415, 762-2844	E. FLORIDA	13 JAN 11 PH 12: 33	C
Name of	Person Area Code & Daytime Telephone Numbe	r A	ယ	

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

Archer Capital, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our re a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
Artigent Capital, LLC		•
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		AFE 3
(Principal office address MUST BE A STREET ADD	DRESS)	ARE AN
		SS = T
Enter new mailing address, if applicable:	-	
(Mailing address MAY/BE A POST OFFICE BOX)		TALE ORIDA
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		s, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		lorida
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

Title	Name	Address	Type of Action
			Add
			Remove
<u> </u>			Add
			Remove
			Add
			Remove
		 	7
			13 JAN SECRELL
			SSEL Add =
			FLORIDA
			34 HDA
			Add
•			Remove
			Remove
· ·			Add
			Remove

f amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.)
,	
<u> </u>	
January 3	2013
RS	
Signature	of a member or authorized representative of a member
Benjamin Walker	
	Typed or printed name of signee
	Page 3 of 3

Page 3 of 3
Filing Fee: \$25.00

FIL. ED

13 JAN 11 PH 12: 34