U2000105864

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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EXAMINER



September 26, 2012

ANGEL CORDOVA 782 N.W. 42 AVE #340 MIAMI, FL 33126

SUBJECT: INTERINVESTMENTS PARTNERS GROUP LLC

Ref. Number: L12000105864

We have received your document for INTERINVESTMENTS PARTNERS GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 112A00024015C

COVER LETTER

	ation Section n of Corporations				
SUBJECT:	INTERINVESTMENTS PARTNERS GROUP LLC				
50B0E011	Name of Limited Liability Company				
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.				
Please return all	correspondence concerning this matter to the following:				
•					
Address					
	RIZNOY -				
	MIAMI, FL 33126 City/State and Zip Code	TAR ASS			
	ALINA@ACORDOVA.COM E-mail address: (to be used for future annual report notification)	m≺ Mo			
For further inform	mation concerning this matter, please call:				
	ANGEL D CORDOVA at (305) 444-5511	亞科 8			
	Name of Person Area Code & Daytime Telephone Number				
	Re Submitting - See letter attack	hel			
Enclosed is a che	eck for the following amount:				
\$25.00 Filing	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	te of Status &			
	<u>,</u>				
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301 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

(Name of the Limite	d Liability Compa	Iny as it now appear	rs on our records.)	
. (A Florida Limited	Liability Company)	,	
The Articles of Organization for this Limited I	were filed on	8/16/2012	and assigned	
Florida document numberL1200010)5864			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited lial	oility company her	<u>·e</u> :	
	N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	nny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)				
				SEC
				AN ON THE
Enter new mailing address, if applicable:		N/A		50.70
(Mailing address MAY BE A POST OFFICE	E BOX)			Tig > II
				5 5 CT
B. If amending the registered agent and registered agent and/or the new registered	l/or registered o	ffice address on (our records, enter	the name of the nev
		_		
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		En	ter Florida street add	dress
			, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Address Type of Action <u>Name</u> Sanguin 0 **MGRM** ANDRES MAURICIO SANÃ 19400 TURNBERRY WAY APT 1531 ✓ Add Remove AVENTURA_FL_33180 Add Remove __ Add Remove Remove 23 SE Add ₽ D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Dated_ Signature of a member or authorized representative of a member ISABELLA JIMENEZ, MANAGER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00