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T. CLINE

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EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sand Stone Investment Partners 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:

Sandra Orofino

Name of Person

Sand Stone Investment Partners LLC

Firm/Company

3 Harbor Road, Suite 33

Address

Cold Spring Harbor, New York 11724

City/State and Zip Code

lsteinwall@yahoo.com

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

For further information concerning this matter, please call:

Sandra Orofino

Name of Person

at (**631**) **396-3962**

Area Code & Daytime Telephone Number

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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

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:

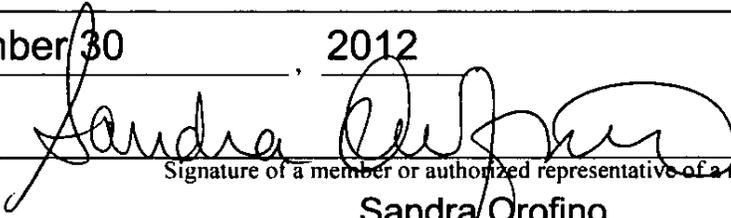
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sandra Orofino	3 Harbor Road, Suite 33	<input checked="" type="checkbox"/> Add
		Cold Spring Harbor	<input type="checkbox"/> Remove
		New York 11724	
MGR	Michael Xirinachs	3 Harbor Road, Suite 33	<input type="checkbox"/> Add
		Cold Spring Harbor	<input checked="" type="checkbox"/> Remove
		New York 11724	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 30, 2012


Signature of a member or authorized representative of a member

Sandra Orofino

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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