## L09000066368

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(0.1).0.00.00.00.00.00.00.00.00.00.00.00.00.			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



500193915695

02/14/11--01020--021 \*\*30.00

N. Cuttigan FEB 15 2011

## **COVER LETTER**

TO: Registration Division of C	n Section Corporations	e.	•		
SUBJECT:	Inter Atlantic Ir	vestment Group LLC			
SUBJECT:		ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
		Juan Pablo Morales			
		Name of Person			
Inter Atlantic Investment Group LLC					
		Firm/Company			
	105 Yorktown Pl				
		Address			
	Sanford FL 32771				
		City/State and Zip Code			
	E-mail address: (	iaiglic@gmail.com to be used for future annual report notific	cation)		
For further information	on concerning this matter, please of	all:			
	an Pablo Morales	at (	227 3770		
Nan	ne of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 10		
	AILING ADDRESS: gistration Section	STREET/COURING Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

lutan Atlantia lawash			LER IT 國 15:148
Inter Atlantic Investr	nent Group	LLU	<del></del>
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)	on our records.	<u>.</u> )
		, , , , , , , , ,	
The Articles of Organization for this Limited Liability Company v	vere filed on	July 09, 200	9 and assigned
Florida document numberL0900066368			
This amendment is submitted to amend the following:			
•			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limite 'L.L.C."	d Liability Compa	ny," the designation	on "LLC" or the abbreviation
L.L.C.			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi	ce address on	our records, en	ter the name of the ne
registered agent and/or the new registered office address here:		,	
Name of New Registered Agent:			
New Registered Office Address:	Fr	ter Florida street	t address
	Lines I torrea sir cer auth ess		
·		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
			_
l hereby accept the appointment as registered agent and agree			
the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr			

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGRM	Jose Maria Martin Sanchez	105 Yorktown Pl Sanford FL 32771	Add Remove
MGRM	Juan I Martin Celada	105 Yorktown Pl Sanford FL32771	Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
		ord r aproxima (size	Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY NISION OF CH
			ORPORATIONS
Dated	February 11 , 20	010 Da-	<del></del>
	Signature of a member	r or authorized representative of a member	
		an Pablo Morales	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00