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(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations

Global Horizon Trade 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:

Jairo Sandoval

Name of Person

Sandoval & Associates Inc

Firm/Company

4069 Holly Ct

Address

Weston, FL 33331

City/State and Zip Code

sandasso38@yahoo.com

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

For further information concerning this matter, please call:

Jairo Sandoval

954₃₈₅₋₃₁₄₀

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

Global Horizon Trade, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y <u>as it now appears on our records.</u>) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L09000017897</u> .		og and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company," the designation	"LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	-	聖のマー
		11L 22
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		70 4
		를 이 이
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	I.L
	Enter rioriad street de	IAFENS
	, Florida _	7:- ('- 1.
	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 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>	<u>Name</u>	Address	Type of Action
MGRM	Stefanelli, Ana M	P.O. Box 267234	Add
		Weston, FL 33326	Remove
MGR	Marco, Antonio	P.O. Box 267234	
		Weston, FL 33326	_ Remove
		7 C C C C C C C C C C C C C C C C C C C	Add Semiove
		ASSEE, FLORIDA	22 PM 3-53
			Remove
			Add
			Remove
			Add
			Remove

D. If amen	ding any other information, o	enter change(s) here: (Attach addition	nal sheets, if necessary.)
_			
Dated No	vember 19th	, 2013 Tours Loss	MANAGER
	Signature Jairo Sandoval	Typed or printed name of signee Page 3 of 3	of a member of SANDOVAL & ASSOCIATES P.O BOX 266873 WESTON, FL 33326-6873
		Filing Fee: \$25.00	FILED 13 NOV 22 PM 3: 53 SEURLIANT SEE, FLORIDA TALLAMASSEE, FLORIDA