

**L09000059160**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 21 2011

EXAMINER

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: GHG008, 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:

ODED YEOSHOUA

Name of Person

GLOBAL HORIZONS GROUP LLC

Firm/Company

14 NE 1ST AVE STE 1111

Address

MIAMI FL 33132

City/State and Zip Code

ODED@GHG-INV.COM

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

For further information concerning this matter, please call:

ODED YEOSHOUA

Name of Person

at ( 954 )

6553551

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GHG008, LLC

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/18/2009 and assigned Florida document number L09000059160.

**This amendment is submitted to amend the following:**

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

New Registered Office Address:

Enter Florida street address

**, 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

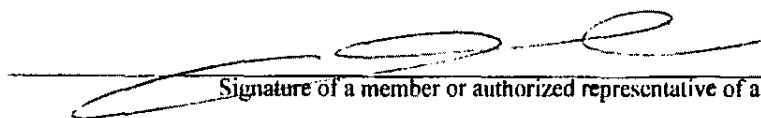
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DORON, HACKAM	42 ARGAMAN STREET	<input type="checkbox"/> Add
		RAMAT EFAL	<input checked="" type="checkbox"/> Remove
		ISRAEL	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated NOVEMBER 13, 2011

  
Signature of a member or authorized representative of a member

ILAN BAHRY

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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