L6900006/635

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SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUL 16 PH 1: 37

tion to be place

T. HAMPTON

JUL 1 7 2009

EXAMINER

COVER LETTER

Division of Corpo			
SUBJECT: CHG	-010, LLC		
	Name of Limit	ed Liability Company	
	•		
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	ODED	YEUSHOUA Name of Person	
		HURIZONS (GROUP, LLC
	3301 NE	1st AVE #26 Address	.10
	Miami	City/State and Zip Code Clobalhorizons 9 be used for future annual report notification	hau 0 (000
	E-mail address: (fo	be used for future annual report notification	on)
For further information con	cerning this matter, please ca	ail:	
Dded ye Name of P	COSHOUA erson	at (954) 655- 3 Area Code & Daytime Te	lephone Number
Enclosed is a check for the	following amount:	·	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

_ GHG-010, L		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L</u> 090006163 J	• •	and assigned
Piorida document number 33 10000 1000		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and end with the will.L.C."	ords "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		- 77m
(Mailing address MAY BE A POST OFFICE BOX)		- 2 200
		OR S
B. If amending the registered agent and/or regi		records, enter the name of the new
registered agent and/or the new registered office ad	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enton	Florida street address
	Enter	r tortua street aaaress
	City	, Florida Zip Code
	Cuy	<i>Σιρ</i> Coue

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 **Title** Name Address **Type of Action** MGRM ALON MIMON SHACHAR MILES ☐ Add Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ Signature of a member or authorized representative of a member ODED YEOSHOUA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00