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2010 SEP Z.4 TT .18 TO *SECRETARY OF STATE TALLAHASSEE FLORIDA

SEP 2 7 2010 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: GHG 029 LLC						
	Name of Limited Liability Company					
The enclosed Article	s of Amendment and fee(s) are submitted for filing.					
Please return all com	espondence concerning this matter to the following:					
	ODED YEOSHOUA					
	Name of Person					
	GLOBAL HORIZONS GROUP LLC Firm/Company					
	3301 NE 1 St AVE #2610					
	MIAMI, FL 33137 City/State and Zip Code					
	City/State and Zip Code					
	ODED@GLOBAL HORIZONSG-ROUP. COM E-mail address (to be used for future annual report notification)					
For further information	on concerning this matter, please call:					
ODED YE	a(<u>>) </u>					
Nai	me of Person Area Code & Daytime Telephone Number					
Enclosed is a check i	for the following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
Re Dir	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Clifton Building Division of Center Circle Tallahassee, FL 32301					

FILEU

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010 SEP 24 PM # 88

SECRETARY OF STATE TALLAHASSEE FLORIDA

GHGO	29 666		
(Name of the Limited Liab (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on 08	//7/2009 and assigned	
Florida document number <u>Lo 90000 787</u>	<u>65</u> .		
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company here		
The new name must be distinguishable and end with the "L.L.C." Enter new principal offices address, if applicable:		y," the designation "LLC" or the abbreviation	
(Principal office address MUST BE A STREET AL	DDRESS)		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r records, enter the name of the new	
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>	Address	Type of Action
MGRM	AVIV BUENO	2000 Broadway Apt. 6	Add Remove
M GR M	AMIR SCHECHTMAN	HAZAIT 21 GANEY YEHUDA ISLAFL	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
_			
-			
	Sep. 7, 201	0	
Dated			2010 SEP
	Signature of a member of a TLA N	or authorized representative of a member RAHRY	P 24
		Page 2 of 2	3 3 0
	Fil	ling Fee: \$25.00	PA S