## L09000081350

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. (A	Address)
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**EXAMINER** 

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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:	GHG 034, LLC			
	Name of Limited Liability Company			
The enclosed Articles of Ar	nendment and fee(s) are submitted for filing.			
	dence concerning this matter to the following:			
	ODED YEOSHOUA			
	Name of Person			
	GLOBAL HORIZONS GROUP LLC Firm/Company			
	3301 NE 1 <sup>St</sup> AVE #2610			
	MIAMI, FL 33137  City/State and Zip Code			
	ODED@GLOBALHORIZONSGROUP.COM  E-mail address: (to be used for future annual report notification)			
For further information con	cerning this matter, please call:			
HZOBY DEDC	erson at (954) 655-355/ Area Code & Daytime Telephone Number			
Name of P	erson Area Code & Daytime Telephone Number			
Enclosed is a check 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)			
Registrati Division P.O. Box	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building See, 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

	, 2LC
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L0900086350</u>	ny were filed on September 08 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
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 registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our records, enter the name of the new ere:
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<b>&gt;</b> ω -

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>	Name	Address	Type of Action
MGRM	HAVIV OFER	URIZVI GRINBERG 13/1 TEL-AVIV ISRAEL	S D Add Remove
MGRM	ORON ASSAF	YAACOV MERIDOR 14 TEL-AVIV ISRAEL	Add Remove
MGRM	MOSCOVICH EREZ	A.D GORDON 24 RAMAT HASHARON ISRAEL	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	i
			<del></del>
			<del></del>
Dated	an 20 . 20	10.	
<u> </u>			SECT.
	ILAN	or authorized representative of a member  BAHRY	REB -
	Typed o	or printed name of signee Page 2 of 2	× = m
	Fil	ling Fee: \$25.00	AM II: 48