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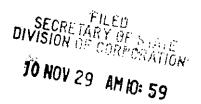
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DIVISION OF COME 59

N. Culligan NOV 3 0 2010

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GHG040 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
3301 NE 1 <sup>St</sup> AVE #2610
MIAMI, FL 33137  City/State and Zip Code
City/State and Zip Code
ODED@GLOBAL HORIZONSGROUP_COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ODED YEOSHOVA at 954, 655-355/ Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$
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

GH6 C	40 110	1	
(Name of the Limited Lia) (A Flor	ility Company as it now ida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liabili Florida document number <u>L09000 868</u>	ty Company were filed o		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability compa	ny here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability	Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	·		
(Principal office address MUST BE A STREET Al	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address address here:	s on our 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 A	ction
<u>MGR</u> M	GORESHNIK MICHAE	L MOSHE DAYAN 6 YAHUD TSRAEL	Add Remove	
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D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)		
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Dated Nov	rember 16, 201	0	- 59 5.50	ATION
_	Signature of a mambar or	authorized representative of a member		
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Page 2 of 2

Filing Fee: \$25.00