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K. SALY EXAMINER JAN 13 2011

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: GHG 044 LLC					
	Name of Limited Liability Company				
	es of Amendment and fee(s) are submitted for filing.				
Please return all con	respondence concerning this matter to the following:				
	ODED YEOSHOUA				
	Name of Person				
	GLOBAL HORIZONS GROUP LLC				
	- And Company				
	3301 NE 1 St AVE #2610				
	MIAMI, FL 33137 City/State and Zip Code				
City/State and Zip Code ODED POLICE AL MORTO DAY COM					
	ODED@GLOBALHORIZONSGROUP.COM E-mail address: (to be used for future annual report notification)				
For further informat	ion concerning this matter, please call:				
ODED YE	ane of Person at (954) 655 - 355/ Area Code & Daytime Telephone Number				
	ame of Person Area Code & Daytime Telephone Number				
	for the following amount:				
\$25.00 Filing Fed	e \$\int_{\$30.00}\$ Filing Fee & \$\int_{\$55.00}\$ Filing Fee & \$\int_{\$60.00}\$ Filing Fee, \$\int_{\$cttificate}\$ Certificate of Status & \$\int_{\$cttificate}\$ Certified Copy (additional copy is enclosed)				
Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, 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
TALLAR SSSE, FLORDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GHG044 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 Florida document number <u>L</u>090000 88286 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

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:

Type of Action

MGR = Manager
MGRM = Managing Member

Title Name Address

16RM	EZRA SHIMSHON	MIVZA NACHSHON 4	I □ Add
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Dated	Dec. 15, 2	010	
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	Signature of a memb	er or authorized representative of a member	
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	Туре	d or printed name of signee	 -

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Filing Fee: \$25.00