11000013390

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
. (Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
,45 	ė.	
·		

Office Use Only

G. MCLEOD

AUG - 2 2010

EXAMINER



000183425430

07/30/10--01003--013 **25.00

TO JUL 30 PM 3: 47

COVER LETTER

TO: Registration S Division of Co	
SUBJECT:	GHG053 UC
	Name of Limited Liability Company
	f Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	ODED YEOSHOUA-
	Name of Person
	GLOBAL HORIZONS GROUP LLC Firm/Company
	3301 NE 1 St AVE #2610 Address
	Address
	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	concerning this matter, please call:
ODED YEO	at ()
Name	of Person Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
	Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Regis Divisi P.O. I	STREET/COURIER ADDRESS: tration Section on of Corporations Box 6327 chassee, 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

 	City	, Florida Zip	Code	
	Enter F	Florida street address		
New Registered Office Address:	• • •	<u> </u>	<u> </u>	-
Name of New Registered Agent:	* 1.		···········	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	<u>:e:</u>	records, <u>enter the na</u>	me or the nev	<u>Y</u>
B. If amanding the peristaned agent and/ay registered at	For oddress on over			
(Mailing address MAY BE A POST OFFICE BOX)		***************************************	95 E	e de comment
Enter new mailing address, if applicable:			學二子	Same:
			30	2 ven
(Principal office address MUST BE A STREET ADDRESS)				, '' 14 19 19 19 19 19 19 19 19
Enter new principal offices address, if applicable:			= =	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company,"	the designation "LLC" o	r the abbreviatio	n
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
This amendment is submitted to amend the following:		and the same of the same	المراجعة الم	-
Florida document number <u>4/000063390</u>	J	-		
The Articles of Organization for this Limited Liability Company	were filed onTUM	E 14,2010 ar	nd assigned	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on liability Company)	our records.)		
<u>GHG 655</u>	LLC			

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

Type of Action <u>Title</u> Name **Address** MGRM EYAL MATALON ☐ Add Remove ∏ Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00