| | (Requestor's Name) |
|---------------------|--------------------------|
| | (Address) |
| - | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-U | P WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instruction | s to Filing Officer: |
| | 12 |

Office Use Only



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EXAMINER



COVER LETTER

| TO: | O: Registration Section Division of Corporations | | | | |
|----------------------|--|---|--|---|--|
| SUBJECT: GHG 054 LLC | | | | | |
| 30,000 | ber | Name of Limi | ited Liability Company | · | |
| The en | closed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | |
| Please | return all corresp | ondence concerning this matter | to the following: | | |
| | | ODED YEOSH | | | |
| | | | Name of Person | | |
| | | GLOBAL HORI | ZONS GROUP LL | | |
| | | 3301 NE 1 | St AVE #2610 Address | | |
| | | | | | |
| | | MIAMI, FL | 33137 | | |
| | | ODED@GLoBAL | HORIZONSGROUP.COM to be used for future annual report notifical | (ion) | |
| For fu | rther information | concerning this matter, please of | | | |
| 10 | ED YEO. | SHOVA | at (954) 655 - 35 Area Code & Daytime T | 51 | |
| | Name | of Person | Area Code & Daytime T | elephone Number | |
| Enclos | sed is a check for | the following amount: | | | |
| ⊠ \$2: | 5.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Regis Divisi P.O. I | LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314 | STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230 | ons er Circle | |

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF (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 and assigned Florida document number <u>L/0</u>000063394 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 "Lin'L.L.C." | nited Liability Company," tl | ne designation "LLC" or the abbreviation |
|---|------------------------------|--|
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | | ecords, <u>enter the name of the new</u> |
| Name of New Registered Agent: | W-W | |
| New Registered Office Address: | | |
| | Enier 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> <u>Address</u> Type of Action ERAN FUKS SHARET Remove ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated OCT 10 Signature of a member or authorized representative of a member TLAN BAHRY
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00