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08/23/10--01005--023 **50.00



D. BRUCE

AUG 24 2010

EXAMINER

COVER LETTER

T.O:					
SUBJE	CT:	GHG C	42A LLC		
50,502		····	ted Liability Company		
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
		ODED YEOSH			
			Name of Person		
		GLOBAL HORI	ZONS GROUP LLC Firm/Company	<u>. </u>	
		3301 NE 1	St AVE # 2610 Address		
				A S	
		MIAMI, FL	33137 City/State and Zip Code	AU6 23	
ODED@GLOBALHORIZONSGROUP.COM					
		E-mail address: (to be used for future annual report notification		
City/State and Zip Code ODE D@GLOBAL HORIZONS GROUP. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
ac	ED YEOSH	POVA	at (954) 655-35		
	Name of I		Area Code & Daytime Tel	ephone Number	
Enclose	ed is a check for the	following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations : 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	15	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GHG 042A	-		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our reco ited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Com	pany were filed on 06/14/2	and assigned	
Florida document number <u>L/000064164</u>	• •		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the desig	nation "LLC" or the abbreviation	
		10 ALL	
Enter new principal offices address, if applicable:		D	
(Principal office address MUST BE A STREET ADDRES	<u></u>		
		S & C	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		RA F	
		A	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	Post Plants		
	Enter Floridu street address		
		orida	
	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

Title Name Address Type of Action PRAVEEN INVESTMENT LTD. 197 MAIN STREET MGR M Add TRUST OFFICES KOAD TOWN 🗍 Remove VIRGIN ISLANDS (BRITISH) □ 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 Dated AUG Signature of a member or authorized representative of a member ILAN BAHRY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00