# 110000095806

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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

T. HAMPTON

FEB - 7 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:	GHG 059 LLC			
	Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondent	ondence concerning this matter to the following:			
	ODED YEOSHOUA			
	Name of Person			
GLOBAL HORIZONS GROUP LLC				
	rim/Company			
3301 NE 1St AVE #2610				
	Address			
MIAMI, FL 33137 City/State and Zip Code				
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	SHOVA at (954) 655-355/ Of Person Area Code & Daytime Telephone Number			
Name	of Person Area Code & Daytime Telephone Number			
Enclosed is a check for t	· · ·			
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			
Regist Divisi P.O. E	STREET/COURIER ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			



#### RECEIVED

11 FEB -4 PM 4:00

# FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 13, 2011

ODED YEOSHOUA 3301 NE 1ST AVE # 2610 MIAMI, FL 33137

SUBJECT: GHG059, LLC Ref. Number: L10000095806

We have received your document for GHG059, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check either the add or remove box for Guy Kastoriano.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 611A00001190

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GHG	059 LLC	
	ity Company as it now appears of a Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L/00000958</u> 0	Company were filed on 9/	14/20/0 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "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 ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our idress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	City	, Florida 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 GUY KASTORIANO Remove ☐ Add Remove ∏ Add ☐ Remove Add Remove  $\square$ 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