## 41000000413

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| . PICK-UP WAIT MAIL                     |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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Office Use Only



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DIVISION OF CORPORATIO

T. HAMPTON

MAR 2 2 2011

EXAMINE P

## **COVER LETTER**

| TO: Registration Section Division of Corporations |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| SUBJEC  | GHG 064 LLC   |  |  |  |  |  |
| Se Sale   | Name of Limited Liability Company   |  |  |  |  |  |
| The enclo   | sed Articles of Amendment and fee(s) are submitted for filing.  |  |  |  |  |  |
|   | arn all correspondence concerning this matter to the following:   |  |  |  |  |  |
|   | ODED YEOSHOUA   |  |  |  |  |  |
|   | Name of Person  |  |  |  |  |  |
|   | GLOBAL HORIZONS GROUP LLC Firm/Company  |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   | 3301 NE 1 <sup>St</sup> AVE #2610   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| MIAMI, FL 33137  City/State and Zip Code          |   |  |  |  |  |  |
|   | City/State and Zip Code  ODED@GLoBAL HORIZONSGROUP. COM  E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |
| For furthe  | information concerning this matter, please call:  |  |  |  |  |  |
|   | D YEOSHOUA a. 954, 655-3551   |  |  |  |  |  |
|   | Name of Person Area Code & Daytime Telephone Number   |  |  |  |  |  |
| T1  | and the defendent of the state   |  |  |  |  |  |
|   | s a check for the following amount:  Filing Fee \$\int\\$30.00 \text{Filing Fee & }\int\\$55.00 \text{Filing Fee & }\int\\$60.00 \text{Filing Fee.}   |  |  |  |  |  |
| [ <u>X]</u> \$23.00                               | Filing Fee \$\bigcup \text{\$\text{\$\text{S}}\text{50.00 Filing Fee & } \bigcup \text{\$\text{\$\text{\$\text{S}}\text{50.00 Filing Fee & } \bigcup \$\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$ |  |  |  |  |  |
|   | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301   |  |  |  |  |  |

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## 11 MAR 21 AM # 50

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GHG 06  | 4 110                                  |                           |                                  |
|---|--|---------------------------|----------------------------------|
| (Name of the Limited Liabi<br>(A Florid   |  | appears on our recompany) | <u>-ds.</u> )                    |
| The Articles of Organization for this Limited Liability Florida document number 4/000/00 4/       | Company were filed (                   | on <u>Sep 27, 8</u>       | 20 (o and assigned               |
| This amendment is submitted to amend the following  | :                                      |                           |                                  |
| A. If amending name, enter the new name of the l  | imited liability compa                 | ny here:                  |                                  |
| The new name must be distinguishable and end with the value."                                     | words "Limited Liability               | Company," the design      | nation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:   |  |                           |                                  |
| (Principal office address MUST BE A STREET AD.  | DRESS)                                 |                           |                                  |
| Enter new mailing address, if applicable:   |  |                           |                                  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |                           |                                  |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office a | gistered office addres<br>ddress here: | s on our records,         | enter the name of the new        |
| Name of New Registered Agent:   |  |                           |                                  |
| New Registered Office Address:  |  | Enter Florida sır         | real address                     |
|   |  |                           |                                  |
|   | City                                   | , Flor                    | 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> **Address** Type of Action MGRM ALON MORDOCH ☑ Add ☐ Remove ☐ Add Remove ☐ Add Remove Add Remove  $\prod Add$ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 20 Dated Feb. 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