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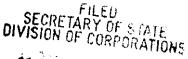
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SECRETARY OF STATE OF CURPORATIONS

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
SUBJI	ECT:	G077 LLC			
0000					
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		ODED YEOSHOUA			
			Name of Person		
GLOBA			L HORIZONS GROUP LL	.C	
			Firm/Company		
3301 NE 1ST AVE #2610					
			Address		
			MIAMI, FL 33137		
City/State and Zip Code					
		O	DED@GHG-INV.COM		
			to be used for future annual report not	incation)	
For fur	ther information cor	ncerning this matter, please o	ali:		
		YEOSHOUA	at ( 954 )	6553551	
	Name of I	Person	Area Code & Dayti	me Telephone Number	
Enclos	ed is a check for the	following amount:			
<b>₹</b> 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registrat Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C	orations	

Tallahassee, FL 32301



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 APR 22 PH 5 07

	GHG077 LLC	‡ 				
( <u>Name of the Limited L</u> (A F	iability Company as it now appeal lorida Limited Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liab Florida document number		01/24/2011	and assigned			
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of the	he limited liability company her	<u>'e</u> :				
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applicab	ole:					
(Principal office address MUST BE A STREET	ADDRESS)	· · · · · · · · · · · · · · · · · · ·				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u> </u>					
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	ZILBERSTEIN MENACHE	GILBOA 195 NIRIT ISRAEL	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.,	
<u>-</u>			SECRETARY OF DIVISION OF CORP
_ _			LED Y OF STAT CORPORAT 
Dated	APRIL 03 , 20		IONS
		<u></u>	
		or authorized representative of a member ILAN BAHRY	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00