L11000029567

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EXAMINER



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COVER LETTER

TO:

Registration Section Division of Corporations

CUDIFAT.	GH	G081 LLC	* O
SUBJECT:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		ODED YEOSHOUA	
		Name of Person	
	GLOBA	L HORIZONS GROUP L	LC
		Firm/Company	
•	330	I NE 1ST AVE APT 2610)
		Address	
•		MIAMI, FL 33137	
		City/State and Zip Code	
	Ol E-mail address: (DED@GHG-INV.COM to be used for future annual report no	otification)
For further information	concerning this matter, please of	call:	
ODE	ED YEOSHOUA	at (954)	6553551
Name	of Person		time Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive	porations 3

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GHG	6081 LLC		جئ
(Name of the Limited Liability Co (A Florida Limit		rs on our records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on	03/10/2011	and assigned
Florida document number L11000029567			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter t	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	iress
		TH. 12	
	City	, Florida	Zin 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
MGRM	VERED GUR LAVA	HARECHES 26 SAVION ISRAEL	Add Remove
			Add Remove
			Add Remove
<u>. </u>			Add Remove
**************************************			Add Remove
			Add Remove
D. If ameno		er change(s) here: (Attach additional sheets, if necessary.)	_
			_ _
_			_
 Dated	JUNE 14	, <u>2011</u> .	_
		e	
	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