

L11000029570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

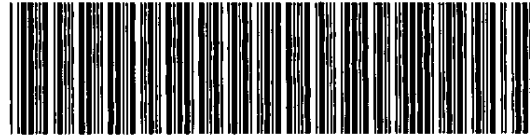
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900245816979

03/20/13--01009--026 **25.00

FILED
2013 MAR 20 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 21 2013

J CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GHG080 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHAI YITZHAKI

Name of Person

GLOBAL HORIZONS GROUP LLC

Firm/Company

14 NE 1st AVE STE#1111

Address

MIAMI, FL 33132

City/State and Zip Code

SHAI@GHG-INV.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAI YITZKAKI

Name of Person

at 305 374-3529

Area Code & Daytime 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)

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

SECRETARY OF STATE
RECEIVED
2013 MAR 20 PM 12:14

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GHG080 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/10/2011 and assigned
Florida document number L11000029570.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2013 MAR 20 PM 12:14	FILED
CLERK OF DISTRICT COURT	STATE OF FLORIDA
TALLAHASSEE, FLORIDA	

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SILVIA SHMUELY	OSHA 6	<input type="checkbox"/> Add
		RISHON LEZION	<input checked="" type="checkbox"/> Remove
		ISRAEL	
MGRM	ARIE SHMUELY	OSHA 6	<input type="checkbox"/> Add
		RISHON LEZION	<input checked="" type="checkbox"/> Remove
		ISRAEL	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
JANUARY 2011
11-01-11

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated March 13th, 2013.

Signature of a member or authorized representative of a member

SHAI YITZHAKI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 MAR 20 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA