

L11000032810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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G. MCLEOD

MAY 24 2011

EXAMINER



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FILED
11 MAY 23 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GHG087 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:

ODED YEOSHOUA

Name of Person

GLOBAL HORIZONS GROUP LLC

Firm/Company

14 NE 1ST AVE #1111

Address

MIAMI FL 33132

City/State and Zip Code

ODED@GHG-INV.COM

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

For further information concerning this matter, please call:

ODED YEOSHOUA

Name of Person

at (954)

6553551

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

GHG087 LLC

Page 1 of 2

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:

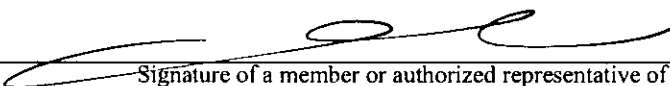
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NILI FLINT	HAZAMIR 26	<input checked="" type="checkbox"/> Add
		RANANA	<input type="checkbox"/> Remove
		ISRAEL	
MGRM	DAVID ITZHAK FLINT	HAZAMIR 26	<input checked="" type="checkbox"/> Add
		RANANA	<input 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

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

Dated MAY 05, 2011



Signature of a member or authorized representative of a member

ILAN BAHRY

Typed or printed name of signee