L11000129981

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SECRETARY OF STATE
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J. BRYAN

NOV 2 9 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ECT:	A	AGH LLC		
			ited Liability Company	,	
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please 1	return all corresp	ondence concerning this matter	r to the following:		
	ANNETTE G. HABER				
			Name of Person		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	2011 NOV 28 PM 1: 45 SECRETARY OF STATE TALLAHASSEE, FLORID
			PO BOX150728		ARE THE
			Address		SSET SSET
		CAPE	CORAL, FLORIDA 22915		PA I
	•		City/State and Zip Code		98 .
		F-mail address: (aghaber@gmail.com to be used for future annual report notific	estion)	DM G
For furt	her information	concerning this matter, please of		auton)	
. 0. 10.		oonoording tills matter, prease (10-7240	
		TTE G. HABER	at (_239)s	155-92-10	
	Name (of Person	Area Code & Daytime	Telephone Number	
Enclose	ed 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)	Certified	e of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		ration Section on of Corporations 30x 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLAHASSE	多一场	FILED
	STATE A	1:15

AGH			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	H 1: 45	
The Articles of Organization for this Limited Liability Company	were filed on NOVEMBER 14, 20	011 and assigned	
Florida document numberL11000129981			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and end with the words "Lim"	ited Liability Company," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	3817 SW 11TH COURT		
(Principal office address MUST BE A STREET ADDRESS)	CAPE GORA, FLORIDA		
	33914		
Enter new mailing address, if applicable:	PO BOX 150728		
(Mailing address MAY BE A POST OFFICE BOX)	CAPE CORAL, FLORIDA		
	33915		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ad	drass	
	, 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>	Name	Address	Type of Action
MGRM	ENTRUST FREEDOM,LLC. ANNETTE G. HABER, IRA	1520 ROYAL PALM SQ BLVD#320 FORT MYERS FLORIDA 33919	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
		1:1	FILI 2011 NOV 28 SECRETARY
Dated	NOVEMBER 22 , 201	E.FLORIDA	PH 1:45
-		authorized representative of a member	
-	ANNETT Typed or	E G.HABER	

Page 2 of 2

Filing Fee: \$25.00