## L24000078588

(Requestor's Name)
(Address)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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## **COVER LETTER**

	Registration Sec Division of Corp			
oun ire	Entegra Fun			
SUBJEC	T:	Name of Limi	ted Liability Company	<del> </del>
The enck	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Daniel Tullio		
			Name of Person	
		Entegra Fund		
			Firm/Company	
		164 HIBISCUS LANE		
			Address	<del> </del>
		Deltona, FL, 32738		
			City/State and Zip Code	<del></del>
		daniel@rpgusa.com		
			to be used for future annual report not	incation)
For furth	er information co	oncerning this matter, please ca	all:	
Daniel T	ullio		419 357-9307	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■ \$</b> 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it (A Florida Limited Liability)  The Articles of Organization for this Limited Liability Company were fill Florida document number L24000078588  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company were fill Enter Fund, LLC  The new name must be distinguishable and contain the words "Limited Liability Company were fill Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	iled on 2/13/2024 and assigned  mpany here:
Florida document number L24000078588  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability co Entegra Fund, LLC  The new name must be distinguishable and contain the words "Limited Liability Com Enter new principal offices address, if applicable:	mpany here:
Florida document number L24000078588  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability co Entegra Fund, LLC  The new name must be distinguishable and contain the words "Limited Liability Com Enter new principal offices address, if applicable:	mpany here:
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Entegra Fund, LLC  The new name must be distinguishable and contain the words "Limited Liability Com  Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liability Com  Enter new principal offices address, if applicable:	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	pany," the designation "LLC" or the abbreviation "L.L.C."
• • • • • • • • • • • • • • • • • • • •	
(Principal office address MUST BE A STREET ADDRESS)	
<del>-</del>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
N. B. '. 105 A11	
New Registered Office Address:	Enter Florida street address
	· · ·
Cir	, Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
	<del></del>		
			□Remove
		<del> </del>	□Add
		□Remove	
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			□Add
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			□Remove

Effective date, if other than the date of filing:  [Optional]  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed.  Dated  September 20th  2024  Manual American September 20th  Signature of a member or authorized representative of a member  Kevin Earnest			
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	Dated		
Marilla Parray		Signature of a member or authorized representative of a member	

Filing Fee: \$25.00