

L23000331358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

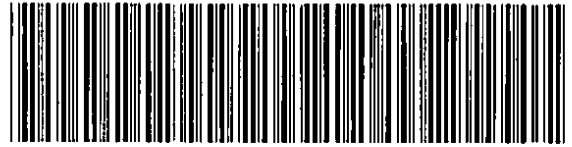
(Business Entity Name)

(Document Number)

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# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: ANDANNA GROUP 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:

LEON BALZA

Name of Person

L & N GENERAL FILING SERVICES

Firm/Company

3785 NW 82ND AVE STE 209

Address

DORAL FL 33166

City/State and Zip Code

LNGRALFILING@YAHOO.COM

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

For further information concerning this matter, please call:

LEON BALZA

786

235-0909

at ( )

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Condition	Control (%)	MCI (%)	AD (%)
1	~85	~75	~65
2	~80	~70	~60
3	~75	~65	~55
4	~70	~60	~50

2023 AUG 29 AM 7:36

1 2 3 4

**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 = Authorized Member**

Title	Name	Address	Type of Action
AMBR	AMBROSIO PLATA NAVAS	169 E FLAGLER ST	<input type="checkbox"/> Add
		STE 1439	<input checked="" type="checkbox"/> Remove
		MIAMI FL 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

E. 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If 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 record is filed

Dated August 21, 2023



Signature of member or authorized representative

Andres E. Hernandez Rocha

Typed or printed name of signee