

# L24000281237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED  
2024 OCT 24 PM 5:13  
FBI



Kaleigh Burch  
404-341-5852  
kaleigh@dearthlaw.com

October 22, 2024

**VIA FEDEX**

Florida Department of State  
Division of Corporations – Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Via FedEx: 7794 4178 6340  
Return FedEx: 7915 2008 7950

Re: Articles of Amendment

Dear Sir or Madam,

Enclosed are the applications for Articles of Amendment for Andona Meadows 47, LLC, Andona Meadows 100, LLC, and Andona Meadows 500, LLC. Also enclosed are checks in the amount of \$25 for each entity. Upon filing, please return a copy of the filings in the pre-paid FedEx envelope provided.

Please call or e-mail with any questions or concerns. Thank you for your help with these matters.

Kind regards,

Kaleigh Burch  
Legal Assistant

KB  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Andona Meadows 47, 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:

Kaleigh Burch

\_\_\_\_\_  
Name of Person

Dearth Law, LLC

\_\_\_\_\_  
Firm/Company

3460 Preston Ridge Road STE 150

\_\_\_\_\_  
Address

Alpharetta, GA 30005

\_\_\_\_\_  
City/State and Zip Code

kaleigh@dearthlaw.com

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

For further information concerning this matter, please call:

Tina Beckman

404

3415852

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

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

Andona Meadows 47, LLC

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

FILED  
2024 OCT 24 PM 5:13  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/20/2024 and assigned  
Florida document number L24000281237.

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 contain 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)

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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ramona Barbar	3460 Preston Ridge Road STE 150	<input checked="" type="checkbox"/> Add
		Alpharetta, GA 30005	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrew Barbar	3460 Preston Ridge Road STE 150	<input checked="" type="checkbox"/> Add
		Alpharetta, GA 30005	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**