## L24000281237

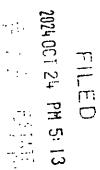
(Re	equestor's Name	e)
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Pho	one #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity N	 ame)
(Do	ocument Numbe	er)
Certified Copies	_ Certificat	es of Status
Special Instructions to	Filing Officer:	
		J. HORNE
		NOV 1 5 2024
	<u></u>	

Office Use Only



100438470101

10/24/24--01018--021 \*\*25.00





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

KΒ

**Enclosures** 

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	eadows 47, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Kaleigh Burch		
		Name of Person	<del></del>
	Dearth Law, LLC		
	-	Firm/Company	
	3460 Preston Ridge Road	STE 150	
	_	Address	<del></del>
	Alpharetta, GA 30005		
		City/State and Zip Code	
	kaleigh@dearthlaw.com		
	E-mail address: (	to be used for future annual report not	rification)
For further information of	concerning this matter, please c	all:	
Tina Beckman		404 3415852 at ( )	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 OCT 24 PM 5: 13

Andona Meadows 47, LLC

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

The Articles of Organization for this Limited Liability Company were	filed on <u>06/20/2024</u>	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 Co	mpany," 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)		
	<del> </del>	<u></u>
B. If amending the registered agent and/or registered office address here:  Name of New Registered Agent:	ess on our records, <u>enter the</u>	name of the new registered
<del> </del>		
New Registered Office Address:	Enter Florida street address	
	, Floric	la Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfaccept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additional company has been notified in writing of this change.	ormance of my duties, and I ded for in Chapter 605, F.S	am familiar with and Or, if this document is

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>	Address	Type of Action
AMBR	Ramona Barbar	3460 Preston Ridge Road STE 150	■Add
		Alpharetta, GA 30005	□Remove
			Change
AMBR	Andrew Barbar	3460 Preston Ridge Road STE 150	<b>≣</b> Add
		Alpharetta, GA 30005	□Remove
			□Change
		<del></del>	
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
		<u> </u>	
		<del></del>	□Remove
			□ Change

			<del></del>	
	<del></del>		<u> </u>	
fective date, if other than the effective date is listed, the date in this cument's effective date on the	ust be specific and cannot be block does not meet the a	e prior to date of filing o applicable statutory f	or more than 90 days after t	filing.) Pursuant to 605,0201
ecord specifies a delayed effectis filed.	ive date, but not an effect	tive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
October 22	2024			
ted October 22		· ·		
	INIC X			
	Signature of a member of	r authorized representa	tive of a member	

Filing Fee: \$25.00