

**LOT7000100050**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

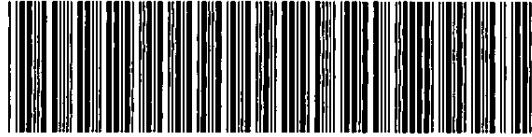
**LOT7-100050**

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Division of Corporations**

**SUBJECT: HEWITT & BARRETT 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:

**ANTHONY J HEWITT**

(Name of Person)

(Firm/Company)

**9524 BLIND PASS ROAD UNIT 19**

(Address)

**ST PETE BEACH, FL 33706**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ANTHONY J HEWITT**

(Name of Person)

at ( 321 ) 278-3383

(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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2008

ANTHONY J HEWITT 2ND ML  
9524 BLIND PASS ROAD UNIT 19  
ST PETE BEACH, FL 33706

SUBJECT: HEWITT & BARRETT, LLC  
Ref. Number: L07000100050

We have received your document for HEWITT & BARRETT, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You sent the wrong Page 2. I am enclosing the right page for an amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 208A00032788

*faxing*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**FILED**  
08 SEP -9 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

HEWITT & BARRETT 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 10/2/07 and assigned  
Florida document number LO7000100050.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PARROT CATERING LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9524 BLIND PASS ROAD UNIT 19

(Principal office address MUST BE A STREET ADDRESS)

ST PETES BEACH, FL, 33706

Enter new mailing address, if applicable:

9524 BLIND PASS ROAD, UNIT 19

(Mailing address MAY BE A POST OFFICE BOX)

ST PETES BEACH, FL, 33706

**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:

ANTHONY J HEWITT

New Registered Office Address:

9524 BLIND PASS ROAD UNIT 19

(Enter Florida street address)

ST PETES BEACH

(City)

Florida 33706

(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

Title	Name	Address	Type of Action
MGRM	ANTHONY S HENITT	9524 BLIND PASS ROAD UNIT 19 ST PETE BEACH FL 33706	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RYAN SMITH	9524 BLIND PASS ROAD UNIT 19 ST PETES BEACH FL 33706	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Sept 8<sup>th</sup> 2008  
[Signature]

Signature of a member or authorized representative of a member

Typed or printed name of signee

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