

LO7000100050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

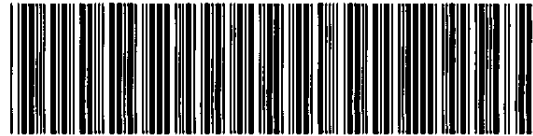
LO7-100050

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Guffey JAN - 8 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2008

ANTHONY JOHN HEWITT
9524 BLIND PASS ROAD
SUITE 19
ST PETE BEACH, FL 33706

SUBJECT: PARROTT CATERING LLC
Ref. Number: L07000100050

We have received your document for PARROTT CATERING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign and return your check along with this document in order to complete your filing.

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: 508A00061228

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARROTT CATERING 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 JOHN HEWITT
(Name of Person)

PARROTT CATERING LLC
(Firm/Company)

9524 BLIND PASS ROAD SUITE 19
(Address)

ST PETE BEACH FLORIDA 33706
(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Hewitt at (321) 278 3383
(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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

PARROTT CATERING 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 10/2/2007 and assigned
Florida document number L07000100050

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 end with 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)

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TALLAHASSEE, FLORIDA

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 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
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MGR	SMITH, RYAN	9524 BLIND PASS ROAD UNIT 19 ST PETE BEACH FL 33706 USA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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MGRM	JOHN DAVID LUND	9524 BLIND PASS ROAD UNIT 19, ST PETE BEACH FL 33706 USA	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

Dated 12/12/2008



Signature of a member or authorized representative of a member

ANTHONY JOHN HEWITT

Typed or printed name of signee