

LD9 000083434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

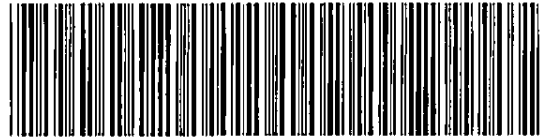
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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None

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01/13/2024 01:13:33 PM

FILED  
2024 AUG 30 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

103

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PARROTHEAD'S MAIN BAR, 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:

CHIP BEEMAN  
Name of Person

PARROTHEAD'S MAIN BAR, LLC  
Firm/Company

1944 MAIN ST  
Address

SARASOTA, FL 34236  
City/State and Zip Code

CHIPBEEMAN@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHIP BEEMAN at 941 973-9905  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: CHECK SENT PREVIOUSLY

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

PARROTHEAD'S MAIN BAR, LLC

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

2024 AUG 30 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and signed

Florida document number LC9000083434

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

[illegible]

[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.

July 29<sup>TH</sup> 2024

Signature of a member or authorized representative of a member

"CHP"  
CLARENCE BEEMAN

Typed or printed name of signee

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 23, 2024

CHIP BEEMAN  
1944 MAIN ST  
SARASOTA, FL 34236

SUBJECT: PARROTHEADS MAIN BAR, LLC  
Ref. Number: L09000083434

~~We have received your document for PARROTHEADS MAIN BAR, LLC and your~~  
~~check(s) totaling \$35.00.~~ However, the enclosed document has not been filed  
and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your  
entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and  
return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

~~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) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 424A00016164

AUG 30 2024