

L05000098127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

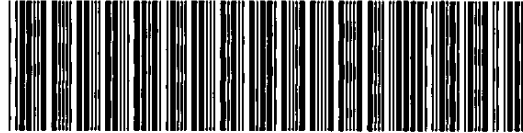
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAREFOOT VENTURES, LLC
(Name of Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHERRI BEEMAN
(Name of Person)

SMITH THOMPSON SHAW & MANAUSA, P.A.
(Firm/Company)

3520 THOMASVILLE ROAD, 4TH FLOOR
(Address)

TALLAHASSEE, FLORIDA 32309
(City/State and Zip Code)

For further information concerning this matter, please call:

SHERRI BEEMAN at (850) 893-4105
(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

BAREFOOT VENTURES, LLC

(Present Name)
(A Florida Limited Liability Company)

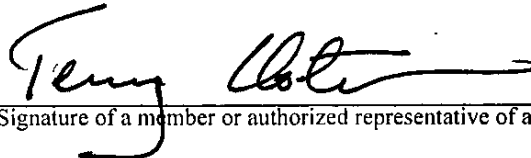
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06 OCT 19 AM 10:09
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TALLAHASSEE, FLORIDA

FIRST: The Articles of Organization were filed on 10/5/05 and assigned
document number L05000098127.

SECOND: This amendment is submitted to amend the following:

THIS AMENDMENT IS FOR THE SOLE PURPOSE OF CLARIFYING
A MISTAKE IN THE NAME OF ONE OF THE MEMBERS. THE
NAME BEING CLARIFIED IS PERIODONTAL ASSOCIATES OF
NORTH FLORIDA, P.A. TO READ PERIODONTAL
ASSOCIATES OF NORTH FLORIDA, P.A. PROFIT SHARING
PLAN AND TRUST.

Dated SEPTEMBER 29, 2006.



Signature of a member or authorized representative of a member

TERRY OOTEN

Typed or printed name of signee

Filing Fee: \$25.00