L05000098127

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	l
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: BAREFOOT VENTURES, 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:



(Name of Person)

SMITH THOMPSON SHAW & MANAUSA, P.A.

(Firm/Company)

3520 THOMASVILLE ROAD, 4TH FLOOR

TALLAHASSEE, FLORIDA 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

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(Name of Person)

at (_850_) 893-4105 (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)

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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 ARTICLES OF ORGANIZATION **OF**

BAREFOOT VENTURES, LLC

Ç.,	ARTICLES OF AMENDMENT
	TO ARTICLES OF ORGANIZATION
	OF O
-	ARTICLES OF ORGANIZATION OF BAREFOOT VENTURES, LLC (Present Name) (A Florida Limited Liability Company)
FIRST:	The Articles of Organization were filed on 10/5/05 and assigned document number L05000098127
SECONI	2: This amendment is submitted to amend the following:
	THIS AMENDMENT IS FOR THE SOLE PURPOSE OF CLARIFING
	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